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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600001	CITY	OR TOWN PEABODY	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: PEABODY COF	FEE HOUSE, INC		
DOING BUSINESS A BARBA YANN	I TABERNA		
ADDRESS 59 WALNUT ST			
CITY/TOWN: PEABODY	STATE: MA Z	IP CODE: 01960	
MANAGER: SKOURAS, JOHN TY	YPE OF LICENSE: Restauran	t CATEGORY: All Alco	ohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL ADI	DRESS	
DESCRIPTION OF LICENSED PREM TWO FLOORS. A LOWER LEVEL AN 4320 SQ FT. LOWER LEVEL TO CON BATHROOM. STREET LEVEL TO CO FOOD. MAIN ENTRANCE AT LOWE	ND A STREET LEVEL WIT NTAIN BAR,DINING ROOM ONTAIN FUNCTION HALL	M, KITCHEN AND PATRONS L,STORAGE FOR LIQUOR AND	
1. the renewed license will be of the licensee has complied with the premises are now open for the licensee has a licensee has complied with the premises are now open for the licensee has complied with the premises are now open for the licensee has complied with the license	f the same type for the same path all laws of the Commonwe	alth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corporate O	fficer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu	
We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head of the	e fire department for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOO By:	CAL LICENSING AUTHORITY	_
DATE:	_		<u> </u>



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LICENSE NUI	MBER: 095600002		CITY OR TOWN	PEABODY	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
DOING BUSIN		OF PEABODY, IN	IC.		
	5 ANDOVER ST.				
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE:	01960	
MANAGER:	DISKES, JOHN A. TYPE	E OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEB N OF LICENSED PREMISE		IAIL ADDRESS		
ONE STORY I AT REAR OF HAS EMERGI	MS AND BAR WITH DOOI BLDG WITH 2 ENTRANC BLDG WITH 2 WALK IN ENCY EXIT,2ND FLR WIT	ES AND EXITS. AI REFRIGERATORS TH 3 OFFICES	DDITIONAL SPAC	CE ON FIRST	FLOOR
, ,	and swear under penalties of				
	renewed license will be of th	• •	•		
	licensee has complied with a premises are now open for b		_	o taxes; and	
	premises are now open for o	usiness (if not explo	un below)		
SIGNED BY	Individual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	R IDENTIFICATI	ON NUMBER:
			(Note: NOT Inc	dividual Social Se	ecurity Number)
Acts of 2004,	rsigned, attest that we are it signed by the building insp e and (2) the certificate of I	ector and the head	of the fire depart	ment for the a	above
Please Check Belo	ow:		LOCAL LICENS	SING AUTHC	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(== disapproved					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:)95600005		CITY OR TO	WN PEABODY	(
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	ITALIAN-AMERICA	N CITIZENS CLU	JB OF PEABO	DY, INC.	
DOING BUSINESS A					
ADDRESS 7 BLANEY	Y AVE				
CITY/TOWN: PEABO	ODY	STATE: MA	ZIP CODE	E: 01960	
MANAGER: TSOUL COLLE		OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	:			
ROOMS ON FIRST FI THE BASEMENT WI' BLDG					
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	same type for the	same premises	now licensed;	
2. the licensee	has complied with all	laws of the Comn	nonwealth relat	ing to taxes; and	
3. the premises	s are now open for bus	siness (If not expla	in below)		
SIGNED BY					
]	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	IUMBER:		OYER IDENTIFICAT	
			(Note: NO	T Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	by the building inspec	ctor and the head	of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600006		CITY OR TOWN	PEABODY	•
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JADE'S RESTAU	JRANT, LLC			
DOING BUSINESS A JADE'S				
ADDRESS 4 BOURBON ST.				
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE:	01960	
MANAGER: LEUNG, PETER T	YPE OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM				
ONE STORY WOODEN BLDG WITH	I BRICK VENEER. ON	NE ENTRANCE A	ND THREE I	EXITS
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	* *	•		
2. the licensee has complied wi	th all laws of the Comn	nonwealth relating	to taxes; and	
3. the premises are now open for	or business (If not expla	in below)		
SIGNED BY Individual Partn	er or Authorized Corpo	rate Officer		
maividual, i aitii	er of Authorized Corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
TEEEI 110	NE NOMBER.	(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, attest that we as	re in possession (1) the	e certificate requir	ed by Chante	er 304 of the
Acts of 2004, signed by the building i	nspector and the head	of the fire depart	ment for the	above
named license and (2) the certificate of 2010.	of liquor liability insu	rance required by	Chapter 116	of the Acts
Please Check Below:				
APPROVED:		LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
Y F F/				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	3EK: 095600008		CITYO	RIOWN	PEADOD	I	
APPLICATION I	FOR RENEWAL:	Annual		LICEN	SED FOR 2	013	
		CLASS				YEAR	
LICENSEE NAM	ME: C & M COURTH	OUSE, INC.					
DOING BUSINE	ESS A COURTHOUSE	PUB					
ADDRESS 43 CI	ENTRAL ST.						
CITY/TOWN: I	PEABODY	STATE: MA	ZIP	CODE:	01960		
	IASTRANGELO, TY TEVEN	PE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol	
EMAIL ADDRES	SS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR F	MAIL ADDRE	SS			
DESCRIPTION (OF LICENSED PREM	ISES:					
FIRST FLOOR V	VITH TWO ENTRANC	CES AND ONE EXIT	Γ				
I hereby certify a	nd swear under penaltie	s of perjury that:					
1. the rer	newed license will be of	f the same type for the	e same pre	mises now	licensed;		
2. the lic	ensee has complied wit	h all laws of the Com	monwealt	n relating t	to taxes; and		
3. the pro	emises are now open for	r business (If not exp	lain below)			
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Offi	cer			
			_				
DATE:	TEI EPHON	NE NUMBER:		EMPLOYE	R IDENTIFICA	TION NUMBER:	
	TEEE HO	VE IVONIBER.	(No	ote: <u>NOT</u> Inc	dividual Social	Security Number)	
Acts of 2004, sig	gned, attest that we ar gned by the building ir nd (2) the certificate o	spector and the hea	d of the fi	ire depart	ment for the	e above	
Please Check Below:			LOCA	L LICENS	SING AUTH	IORITY	
APPROVED:			By:				
DISAPPROVED							
(If disapproved ex	xplain)						
DATE:							



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LICENSE NUMB	BER: 095600010		CITY OR TOWN	PEABODY	ľ
APPLICATION F	FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: CLUB LUIZ DI	E CAMOES, INC.			
DOING BUSINE	SS A				
ADDRESS 10 CC	OLLINS				
CITY/TOWN: P	EABODY	STATE: MA	ZIP CODE:	01960	
	ARRACHO, RUI T ANUEL	ΓΥΡΕ OF LICENSE: Cli	ub C	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PREI	MISES:			
ROOMS ON THE WOODEN BLDC		ITH BASEMENT FOR	STORAGE IN THI	E ONE STOR	Y
I hereby certify an	nd swear under penal	ties of perjury that:			
1. the ren	ewed license will be	of the same type for the	e same premises nov	v licensed;	
2. the lice	ensee has complied v	with all laws of the Com	monwealth relating	to taxes; and	
3. the pre	emises are now open	for business (If not expl	lain below)		
SIGNED BY					
	Individual, Part	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, sig	ned by the building	are in possession (1) the inspector and the hear of liquor liability insu	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	Apialli)				
			-		
DATE:					



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	CITY OR TOWN PEABODY	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
EL'S ARCHANGEL POLIS	Н	
OF PEABODY, INC.		
STATE: MA	ZIP CODE: 01960	
I, TYPE OF LICENSE: Clul	b CATEGORY: All Alco	ohol
Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
nalties of perjury that:		
be of the same type for the	same premises now licensed;	
ed with all laws of the Comm	nonwealth relating to taxes; and	
en for business (If not expla	in below)	
Partner or Authorized Corpor	rate Officer	
PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER OF A STATE OF THE STATE OF	
	(Note: NOT Individual Social Security Nur	nber)
ing inspector and the head	of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
		_
		=
		_
	CLASS EL'S ARCHANGEL POLIS OF PEABODY, INC. STATE: MA I, TYPE OF LICENSE: Clui TOUR WEBSITE AND ENTER YOUR EM REMISES: WITH BASEMENT FOR S NTRANCES AND TWO EX enalties of perjury that: I be of the same type for the sed with all laws of the Common on for business (If not explanation of the common of the commo	CLASS YEAR EL'S ARCHANGEL POLISH OF PEABODY, INC. STATE: MA ZIP CODE: 01960 I, TYPE OF LICENSE: Club CATEGORY: All Alcourses TOUR WEBSITE AND ENTER YOUR EMAIL ADDRESS REMISES: WITH BASEMENT FOR STORAGE IN THE ONE STORY NTRANCES AND TWO EXITS enalties of perjury that: I be of the same type for the same premises now licensed; and with all laws of the Commonwealth relating to taxes; and been for business (If not explain below) Partner or Authorized Corporate Officer PHONE NUMBER: EMPLOYER IDENTIFICATION NUM. (Note: NOT Individual Social Security Num. we are in possession (1) the certificate required by Chapter 304 of ling inspector and the head of the fire department for the above cate of liquor liability insurance required by Chapter 116 of the A LOCAL LICENSING AUTHORITY



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LICENSE NUMBER:	095600012		CITY OR TOW	N PEABOD	Y
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SALEM COUNTRY (CLUB INC.			
DOING BUSINESS A					
ADDRESS 133 FORE	ST ST.				
CITY/TOWN: PEAB	ODY	STATE: M	A ZIP CODE:	01960	
MANAGER: Cincott	ta, Gregory L. TYPE	OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES	:			
ROOMS ON THE FIR STORY WOODEN BI DELIVERIES ONLY					
I hereby certify and sw	ear under penalties of	perjury that:			
	l license will be of the		=		
	has complied with all			ng to taxes; and	
3. the premise	s are now open for bus	siness (If not ex	xplain below)		
SIGNED BY	Individual, Partner or	Authorized Co	rporate Officer		
	,		•		
DATE:	TELEPHONE N	JI IMRFR.	EMPLO'	YER IDENTIFICA	TION NUMBER:
	TEEEI HOIVE I	WOWIDER.	(Note: NOT	Individual Social	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ctor and the h	ead of the fire depa	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:]				
(If disapproved explain	1)				
DATE:					



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	CITY OR TOWN PEABODY	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
SONS, INC.		
В		
STATE: MA	ZIP CODE: 01960	
E OF LICENSE: Res	staurant CATEGORY: All Alcohol	I
SITE AND ENTER YOUR EN	MAIL ADDRESS	
ES:		
of perjury that:		
e same type for the	same premises now licensed;	
all laws of the Comm	nonwealth relating to taxes; and	
usiness (If not expla	ain below)	
or Authorized Corpo	orate Officer	
NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT individual Social Security Number))
ector and the head	d of the fire department for the above	!
	LOCAL LICENSING AUTHORITY	
	By:	
	CLASS SONS, INC. B STATE: MA E OF LICENSE: Res SITE AND ENTER YOUR ESTORY WITH AR OF THE PREM of perjury that: le same type for the all laws of the Comrusiness (If not explicate and the company of the	Annual CLASS YEAR SONS, INC. B STATE: MA ZIP CODE: 01960 FOR LICENSE: Restaurant CATEGORY: All Alcohol STIE AND ENTER YOUR EMAIL ADDRESS SES: NE STORY WITH ONE ENTRANCE AND TWO EXITS AR OF THE PREMISES of perjury that: the same type for the same premises now licensed; Ill laws of the Commonwealth relating to taxes; and tusiness (If not explain below) or Authorized Corporate Officer NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) on possession (1) the certificate required by Chapter 304 of the sector and the head of the fire department for the above in possession (1) insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NUMBE	ER: 095600014		CITY OR TO	OWN PEABOL	JY
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS		ILL OF PEABODY I RILL	LC		
ADDRESS ROOM	WO409, NORTH	SHORE MALL, ROU	TES 128 & 114	Į.	
CITY/TOWN: PE	ABODY	STATE: MA	ZIP COI	DE: 01960	
MANAGER: DIC	ON, RYAN P. T	YPE OF LICENSE:	Restaurant	CATEGORY	Y: All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	FLICENSED PREM	MISES:			
GOUND ENTRY V REFRIGERATOR	WITH REAR EXIT	, 1800 SF OF SPACE	, RESTROOMS	S, WALK IN	
I hereby certify and	swear under penalt	ies of perjury that:			
1. the rene	wed license will be	of the same type for the	ne same premise	es now licensed;	
2. the licen	see has complied w	rith all laws of the Con	nmonwealth rela	ating to taxes; an	d
3. the prem	nises are now open f	for business (If not ex	plain below)		
SIGNED BY	Individual, Parti	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		LOYER IDENTIFIC	
Acts of 2004, sign	ed by the building	are in possession (1) inspector and the he	ead of the fire d	epartment for t	he above
Please Check Below:	_		LOCAL LI	CENSING AUT	HORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Ll				
(11 disappioved exp	rant)				
D.A.TE					
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED B	Y LICENSEES DURING THE	MONTH OF NOVEM	MBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUI	VIBEK: 093600013		CI	IY OK IOW	N PEADOD	[
APPLICATION	N FOR RENEWAL:	Annua	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NA	AME: DIVISION 11	-ANCIENT ORDE	R OF HIE	ERNIANS		
DOING BUSIN	NESS A					
ADDRESS 58	LOWELL					
CITY/TOWN:	PEABODY	STATE:	MA	ZIP CODE:	01960	
MANAGER:	CRONIN, NEIL	TYPE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION	N OF LICENSED PR	EMISES:				
	HE FIRST FLOOR \ ΓWO ENTRANCES		FOR STO	DRAGE IN T	HE ONE STOR	Y BRICK
I hereby certify	and swear under pen	alties of perjury that	t:			
1. the 1	renewed license will	be of the same type f	for the sar	ne premises n	ow licensed;	
2. the 1	licensee has complied	l with all laws of the	Common	wealth relatin	g to taxes; and	
3. the 1	premises are now ope	en for business (If no	t explain	below)		
SIGNED BY	Individual, Pa	artner or Authorized	Corporate	e Officer		
DATE:	TELEP	HONE NUMBER:			YER IDENTIFICAT	
Acts of 2004,	signed, attest that w signed by the building and (2) the certifica	ng inspector and th	e head of	the fire depa	rtment for the	above
Please Check Belo	ow:		I	LOCAL LICE	NSING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVE (If disapproved						
(11 disappioved	capiani)					
DATE:						
APPLICATION FOR	RENEWAL MUST BE FILE	D BY LICENSEES DURING	THE MONT	H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMB	ER: 095600016		CITY OR TOWN	PEABODY	
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		Y.	EAR
LICENSEE NAMI	E: ABACUS RI	ESTAURANT, INC.			
DOING BUSINES	SS A SU CHANG	G'S RESTAURANT			
ADDRESS 373 LO	OWELL ST.				
CITY/TOWN: PI	EABODY	STATE: MA	ZIP CODE:	01960	
MANAGER: CF	HEN, JOSEPH	TYPE OF LICENSE: R	estaurant C	ATEGORY: A	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O					
		AND SECOND FLOOR DG WITH TWO ENTRA			E IN
I hereby certify and	d swear under pe	nalties of perjury that:			
1. the rene	ewed license will	be of the same type for the	ne same premises now	licensed;	
2. the lice	nsee has complie	d with all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the prei	mises are now op	en for business (If not exp	plain below)		
SIGNED BY					
SIGNED B I	Individual, F	Partner or Authorized Cor	porate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOYEI	R IDENTIFICATIO	N NUMBER:
			(Note: NOT Inc	dividual Social Secu	urity Number)
We the undersion	ned attest that v	we are in possession (1) t	he certificate requir	ed hy Chanter	304 of the
Acts of 2004, sign	ned by the build	ing inspector and the he	ad of the fire depart	ment for the al	oove
named license an of 2010.	d (2) the certific	cate of liquor liability ins	surance required by	Chapter 116 o	f the Acts
Please Check Below:			LOCAL LICEN	TINIO ATIMITOT	MTX/
APPROVED:			LOCAL LICENS By:	SING AUTHOR	RITY
DISAPPROVED:			Dy.		
(If disapproved exp	plain)				
DATE:			-		
	YENY				
APPLICATION FOR REN	NEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)	ı



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LICENSE NUMBER	:095600017		CITY OR TOWN PEABOD	I
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	Nordstrom, Inc			
DOING BUSINESS	A Nordstrom Café	Bistro		
ADDRESS 178 LYN	N ST.			
CITY/TOWN: PEA	BODY	STATE: MA	ZIP CODE: 01960	
MANAGER: CHUI	E, STEPHEN TY	PE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	ISES:		
USED FOR RESIDE	NTIAL PURPOSE REE ENTRANCES	S. 1ST FLR; KITCHE	NT. 2ND STORY IS APARTM N AND TAKE OUT COUNTE ONT,ONE ENT/ EXIT ON SII	R AND
I hereby certify and sy	wear under penaltie	s of perjury that:		
1. the renewe	ed license will be of	the same type for the	same premises now licensed;	
	-		nonwealth relating to taxes; and	
3. the premis	es are now open for	r business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
D 4 TF				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			Ву:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	095600018		CITY OR TOWN	PEABODY	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	WARDHURST CLUI	B INC.			
DOING BUSINESS A	THE WARDHURS	Γ			
ADDRESS 31 LYNNI	FIELD				
CITY/TOWN: PEAB	ODY	STATE: MA	ZIP CODE:	01960	
MANAGER: ROUT S.	SES, PETER TYPE	OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		,
DESCRIPTION OF L					
ROOMS ON THE FIR BLDG WITH TWO E			ORAGE IN THE ON	E STORY W	'OODEN
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	same type for th	ne same premises now	licensed;	
2. the licensee	has complied with all	laws of the Cor	nmonwealth relating t	o taxes; and	
3. the premise	s are now open for bu	siness (If not exp	plain below)		
SIGNED BY					
	Individual, Partner or	Authorized Cor	porate Officer		
DATE:					
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social Se	
			(*************************************	ii viddai Boeiai Bo	scarry (vaniscr)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ctor and the he	ad of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:(If disapproved explain	_				
(11 disappioved explait	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 095600020		CITY (OR TOWN	PEABODY	
APPLICATION	N FOR RENEWAL:	Annu	al	LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NA	ME: GALLONERO	PIZZERIA REST	'AURANTS, IN	NC		
DOING BUSIN	NESS A BELLINO'S					
ADDRESS 89 1	MAIN ST.					
CITY/TOWN:	PEABODY	STATE:	MA ZIF	P CODE:	01960	
	VASSILIADIS, ANESTIS	TYPE OF LICEN	SE: Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADDR	ESS		
DESCRIPTION	N OF LICENSED PRE	EMISES:				
PREMISES CO BASEMENT	ONSISTS OF 1526 SQ	FT. FOUR EXIT	S AND TWO E	ENTRANCE	S, ONE EXI	T FROM
I hereby certify	and swear under pena	lties of perjury tha	t:			
1. the r	renewed license will be	e of the same type	for the same pr	emises now	licensed;	
2. the 1	icensee has complied	with all laws of the	Commonweal	th relating to	taxes; and	
3. the p	premises are now open	n for business (If no	ot explain below	N)		
-						
SIGNED BY						
	Individual, Par	tner or Authorized	Corporate Off	icer		
			L			
DATE:	TELEPH	HONE NUMBER:				ION NUMBER:
			(N	lote: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, s	signed, attest that we signed by the building and (2) the certificat	g inspector and th	ne head of the f	fire departr	nent for the	above
Please Check Belov	<u>w:</u>		LOCA	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:						
DAIL.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	095600021		CIT	Y OR TOW	N PEABODY	
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 20	13
		CLAS	S			YEAR
LICENSEE NAME:	KNIGHTS OF COLU	MBUS BU	ILDING AS	SSN., INC.		
DOING BUSINESS A	A					
ADDRESS 96 MAIN	ST.					
CITY/TOWN: PEAI	BODY	STATE:	MA	ZIP CODE:	01960	
	LERAN, TYPE MAS M.	OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	LEASE ALSO VISIT OUR WEBSI		YOUR EMAIL A	DDRESS		
	LICENSED PREMISES					
TWO STORY BRICK ENTRANCES AND I	K FRAME BLDG,LAR FOUR EXITS	GE BASEN	MENT FOR	STORAGE	WITH FOUR N	MAIN
I hereby certify and sv	wear under penalties of	perjury that	••			
1. the renewe	ed license will be of the	same type	for the same	e premises no	ow licensed;	
2. the license	e has complied with all	laws of the	Commonw	ealth relating	g to taxes; and	
3. the premise	es are now open for bu	siness (If no	t explain b	elow)		
SIGNED BY						
	Individual, Partner or	Authorized	Corporate	Officer		
DATE:	TELEPHONE N	NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social So	ecurity Number)
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of liq	ctor and th	e head of t	he fire depa	rtment for the	above
Please Check Below:			L	OCAL LICE	NSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain	n)		_			
			_			
DATE:			_			



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LICENSE NUMBE	R: 095600022		CITY OF	R TOWN	PEABODY	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	SUGAR CANE LLC					
DOING BUSINESS	A					
ADDRESS 106 MA	IN ST.					
CITY/TOWN: PEA	ABODY	STATE: M	A ZIP (CODE:	01960	
MANAGER: THA	AM, TYPE YMOND C.	OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDRES	SS		ı
DESCRIPTION OF	LICENSED PREMISES	S:				
	OODEN BLDG WITH (IG 87 X 30 AND THE C					
I hereby certify and	swear under penalties of	perjury that:				
1. the renew	ved license will be of the	same type for t	the same prei	mises now	licensed;	
2. the licens	see has complied with all	l laws of the Co	mmonwealth	relating to	taxes; and	
3. the premi	ises are now open for bu	siness (If not ex	(xplain below)		
SIGNED BY						
	Individual, Partner or	Authorized Co	rporate Offic	er		
DATE:	TELEPHONE 1	NUMBER:				ION NUMBER:
			(Not	te: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lig	ctor and the h	ead of the fi	re departr	nent for the	above
Please Check Below:			LOCAL	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	• >					
(If disapproved expl	ain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600024		CITY OR TOWN	PEABODY
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: The Cheesecake	e Factory Restaurants, Inc		
DOING BUSINESS A The Cheeseca	ke Factory		
ADDRESS 210 Andover St			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE:	01960
MANAGER: Carey, Michael	ΓΥΡΕ OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREfull service casual dining restaurant I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied was the premises are now open SIGNED BY	ties of perjury that: of the same type for the vith all laws of the Comm	same premises now nonwealth relating to in below)	
DATE: TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 095600	026	CITY OR TOWN PEABOR	DY
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: P.F. CH	IANGS CHINA BISTRO		
DOING BUSINESS A P.F. C	HANGS CHINA BISTRO		
ADDRESS 210 ANDOVER S	TREET		
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: CARRENARI FENDY	O, TYPE OF LICENSE: R	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
A ONE STORY RESTAURA AND EXIT ON STREET LEV		FT. WITH PATIO AND ONE E	INTRANCE
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for th	ne same premises now licensed;	
2. the licensee has con	mplied with all laws of the Con	nmonwealth relating to taxes; an	d
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY			
Individ	ual, Partner or Authorized Corp	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Social	al Security Number)
Acts of 2004, signed by the l	ouilding inspector and the he	he certificate required by Cha ad of the fire department for t surance required by Chapter 1	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUME	3EK: 095600029		CITY OR TOWN	PEADODI	
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	ME: SPINELLI'S LI	LC .			
DOING BUSINE					
ADDRESS 10 NI					
CITY/TOWN: P	PEABODY	STATE: MA	ZIP CODE:	01960	
MANAGER: G	IUGGIO, EANNIE	ΓΥΡΕ OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRES	SS:]
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION (OF LICENSED PRE	MISES:			
TERRACE,TWO FLOOR CONSIS	KITCHENS,THRE	G,FIRST FLOOR CONS E BARS,FOUR ENTRA RGE DINING ROOM,O	NCES AND FOU	R EXITS. SEC	COND
I hereby certify an	nd swear under pena	lties of perjury that:			
1. the rer	newed license will be	of the same type for the	same premises no	w licensed;	
2. the lic	ensee has complied	with all laws of the Comm	nonwealth relating	to taxes; and	
3. the pre	emises are now open	for business (If not expla	in below)		
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer		
DATE:					**************************************
DATE.	TELEPH	ONE NUMBER:		ER IDENTIFICAT ndividual Social S	
			(11010. <u>1101</u> 11	ndividuai Sociai S	ceurity (vuinber)
Acts of 2004, sig	ned by the building	are in possession (1) the g inspector and the head e of liquor liability insu	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED	· · · · · · · · · · · · · · · · · · ·				
(If disapproved ex	xplain)		-		
					
DATE:					
DATE:					



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	CITY OR TOWN PEABOD	ΟY
Annual	LICENSED FOR	2013
CLASS		YEAR
RESTAURANT CORP.		
'S BRICK OVER PIZZER	IA	
STATE: MA	ZIP CODE: 01960	
TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	EN FACILITIES.	
alties of perjury that:		
be of the same type for the	same premises now licensed;	
with all laws of the Comm	onwealth relating to taxes; and	I
n for business (If not expla	in below)	
artner or Authorized Corpor	rate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICA	
	(Note: NOT Individual Social	Security Number)
ng inspector and the head	of the fire department for th	e above
	LOCAL LICENSING AUTH	HORITY
	By:	
		
	Annual CLASS RESTAURANT CORP. S BRICK OVER PIZZER STATE: MA TYPE OF LICENSE: Residue of LICENSE: Residue of LICENSE: Residue of LICENSE: Residue of the same type for the sidue of the STORAGE FACILITY and the same type for the sidue of the STORAGE OF THE S	Annual CLASS RESTAURANT CORP. S BRICK OVER PIZZERIA STATE: MA ZIP CODE: 01960 TYPE OF LICENSE: Restaurant CATEGORY OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISES: S,LOUNGE AND KITCHEN FACILITIES. STORAGE FACILITY alties of perjury that: be of the same type for the same premises now licensed; I with all laws of the Commonwealth relating to taxes; and en for business (If not explain below) artner or Authorized Corporate Officer HONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social the are in possession (1) the certificate required by Chapter 13 LOCAL LICENSING AUTH



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 095600032		CITY OR TOWN PI	EABODI
APPLICATION 1	FOR RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: CABARET ENTE	RPRISES, INC.		
DOING BUSINE	ESS A CABARET LOU	NGE		
ADDRESS 96 N	EWBURY ST.			
CITY/TOWN: I	PEABODY	STATE: MA	ZIP CODE: 0	1960
MANAGER: G	GREEN, FRANCIS TY		neral on CATE	EGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION (OF LICENSED PREMI	SES:		
ONE STORY CE THREE EXITS.	EMENT BLOCK BLDG	. WITH ROOM FOR	R STORAGE, TWO ENT	FRANCES AND
I hereby certify a	nd swear under penalties	of perjury that:		
1. the rea	newed license will be of	the same type for the	same premises now lice	ensed;
2. the lic	ensee has complied with	all laws of the Com	monwealth relating to tax	xes; and
3. the pro	emises are now open for	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDE	ENTIFICATION NUMBER:
			(Note: NOT Individu	ual Social Security Number)
Acts of 2004, sig	gned by the building in	spector and the hea	e certificate required b d of the fire departmen trance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09560003	3	CITY OR TOWN PEABODY
APPLICATION FOR RENEWA	Annual Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: Pellana Ro DOING BUSINESS A Pellana		
ADDRESS 9 Rear Sylvan St		
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960
MANAGER: Mammola, Danie	el J. TYPE OF LICENSE:Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
	ITH TWO ENTRANCES AN	D BASEMENT WITH STORAGE DITION AT THE REAR OF THE BLDG
I hereby certify and swear under		
	vill be of the same type for the	-
•	open for business (If not expla	nonwealth relating to taxes; and
3. the premises are now	open for business (if not expire	in ociow)
SIGNED BY		
	l, Partner or Authorized Corpo	orate Officer
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the but	ilding inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



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LICENSE NUMBI	ER: 095600034		CITY	OR TOW	N PEABODY	-
APPLICATION FO	OR RENEWAL:	Annua	ıl	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAMI	E: ASTAKOS, INCO	ORPORATED				
DOING BUSINES	SS A SEAWITCH RE	STAURANT				
ADDRESS 203 NI	EWBURY ST.					
CITY/TOWN: PE	EABODY	STATE:	MA Z	IP CODE:	01960	
	RIGORIOS, TY LISIARIS	PE OF LICENS	E:Restaurar	nt	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:]
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL AD	DRESS		_
	F LICENSED PREM					
ONE STORY BLO NEWBURY ST	OCK BLDG,ONE EN	TRANCE AND	THREE EX	ITS WITH	STORAGE AT	7 203
I hereby certify and	d swear under penaltie	es of perjury that	:			
1. the rene	ewed license will be of	f the same type f	or the same	premises no	ow licensed;	
2. the licer	nsee has complied wit	h all laws of the	Commonwe	alth relating	g to taxes; and	
3. the prer	mises are now open fo	r business (If no	t explain bel	ow)		
SIGNED BY						
	Individual, Partne	r or Authorized	Corporate C	Officer		
DATE.						
DATE:	TELEPHON	NE NUMBER:			ER IDENTIFICAT Individual Social S	
				(1101c. <u>1101</u>	marviduai Sociai S	recurity (varioer)
Acts of 2004, sign	ned, attest that we ar ned by the building ir d (2) the certificate o	nspector and the	e head of th	e fire depa	rtment for the	above
Please Check Below:			LO	CAL LICE	NSING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	plain)					
DATE:						
•						



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LICENSE NUMBER:	095600037		CITY OR TOV	WN PEABODY	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	VIGNALLI LLC				
DOING BUSINESS A	STONEWOOD T	AVERN			
ADDRESS NORTH S	HORE MALL				
CITY/TOWN: PEAB	ODY	STATE: MA	ZIP CODE	: 01960	
MANAGER: IMBER FRAN	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:			
FULL SERVICE RES' KITCHEN. FRONT E ENTRY/EXIT FOR D	NTRANCE/EXIT I	FOR PUBLIC. SIDE	EXIT FOR EM	ERGENCY USE	E. REAR
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of t	the same type for the	same premises	now licensed;	
2. the licensee	has complied with	all laws of the Comn	nonwealth relati	ng to taxes; and	
3. the premise	s are now open for	business (If not expla	nin below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:			EMPL 6	NACE ADENTIFICATI	TON MILLIANDED
DATE.	TELEPHONI	E NUMBER:		YER IDENTIFICAT Individual Social S	
			(c.sss. <u>2,0</u>	_ marvidaar social s	cearity (valideer)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building ins	pector and the head	l of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE:			-		



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3	CITY OR TOWN PEABODY	
L: Annual	LICENSED FOR 2013	
CLASS	YEAR	
Y LODGE 1409 OF BENEVO	DLENT	
ECTIVE ORDER OF ELKS,	INC.	
STATE: MA	ZIP CODE: 01960	
TYPE OF LICENSE: Clu	db CATEGORY: All Alcohol	
SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
penalties of perjury that:		
ill be of the same type for the	same premises now licensed;	
ied with all laws of the Comm	nonwealth relating to taxes; and	
open for business (If not expla	ain below)	
, Partner or Authorized Corpo	orate Officer	
		l
		I
EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT Individual Social Security Number)	
ding inspector and the head	l of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
	CLASS Y LODGE 1409 OF BENEVO ECTIVE ORDER OF ELKS, STATE: MA TYPE OF LICENSE: Clu SIT OUR WEBSITE AND ENTER YOUR EN PREMISES: N THE FIRST FLOOR, FUCT COND FLOOR, CHANGING penalties of perjury that: ill be of the same type for the lied with all laws of the Commopen for business (If not explain to pen for business (CLASS YEAR Y LODGE 1409 OF BENEVOLENT ECTIVE ORDER OF ELKS, INC. STATE: MA ZIP CODE: 01960 TYPE OF LICENSE: Club CATEGORY: All Alcohol SIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS PREMISES: N THE FIRST FLOOR, FUCTION ROOM, KITCHEN AND COND FLOOR, CHANGING SEATING COMPACTY TO 23 penalties of perjury that: iill be of the same type for the same premises now licensed; lied with all laws of the Commonwealth relating to taxes; and open for business (If not explain below) The property of the commonwealth relating to taxes and open for business (If not explain below) EPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) It we are in possession (1) the certificate required by Chapter 304 of the liding inspector and the head of the fire department for the above ficate of liquor liability insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (095600039		CITY OR TOWN	PEABODY	
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	MIDLAND HOTEL	CORP.			
DOING BUSINESS A	PEABODY HOLI	DAY INN			
ADDRESS 1 NEWBU	RY ST				
CITY/TOWN: PEAB	ODY	STATE: MA	ZIP CODE:	01960	
MANAGER: MIREA DEBOI	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: In	nholder C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
209 RMS,94FLOORS PUBLIC AREAS AND 5800 SQ. FT.					
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of th	ne same type for the	e same premises now	licensed;	
2. the licensee	has complied with a	all laws of the Com	monwealth relating t	to taxes; and	
3. the premises	s are now open for b	ousiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	R IDENTIFICATI	ION NUMBER:
			(Note: NOT Inc	dividual Social Se	ecurity Number)
We the undersigned, Acts of 2004, signed by		_	_	-	
named license and (2)					
of 2010.		•		•	
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:	311.07101110	, , , , , , , , , , , , , , , , , , ,
DISAPPROVED:]		-3:		
(If disapproved explain)				
			-		
DATE:					



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LICENSE NUMBER	: 093600041		CITY OR TOV	VN PEABOD	I
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		HOUSE PUB, INC.			
ADDRESS 55 PULA	SKI ST.				
CITY/TOWN: PEA	BODY	STATE: MA	ZIP CODE	: 01960	
MANAGER: GIAN GEO	NNIAS, RGIA	TYPE OF LICENSE: Ro	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRI	EMISES:			
ROOM ON FIRST F	LOOR, 36'X 30 TRANCE/EXIT	AR, LOUNGE, DINING ', 1,080 SQ. FT. WITH (F RAMP) WITH STORA ENTRANCE/EXITS.	ONE ENTRANCI	E/EXIT (INCLU	JDING
I hereby certify and s	wear under pena	alties of perjury that:			
1. the renew	ed license will b	e of the same type for th	e same premises r	now licensed;	
2. the license	ee has complied	with all laws of the Com	nmonwealth relation	ng to taxes; and	
3. the premis	ses are now oper	n for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	porate Officer		
D.A.EE					
DATE:	TELEPH	HONE NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social	Security Number)
Acts of 2004, signed	by the buildin	e are in possession (1) the g inspector and the heate te of liquor liability ins	ad of the fire dep	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved expla	in)				
DATE					
DATE:					



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LICENSE NUM	IBER: 095600044		CITY OR TOWN	PEABODY
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: PETRILLO'S ITA	LIAN KITCHEN, II	NC	
DOING BUSIN	ESS A			
ADDRESS 6 FO	OSTER ST.			
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE:	01960
MANAGER:	PETRILLO, LINDA TY	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	SES:		
	E FIRST FLOOR WITH OG WITH TWO ENTRA			ONE STORY
I hereby certify	and swear under penalties	s of perjury that:		
	enewed license will be of	• •	•	
	censee has complied with		ě	o taxes; and
3. the p	remises are now open for	business (If not exp	lain below)	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, s	igned by the building in	spector and the hea	nd of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved				
,	r/			
DATE:				
APPLICATION FOR I	RENEWAL MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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LICENSE NUMI	BER: 095600045		CITY OR TOWN	PEABODY	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	ME: VETS OF FORE	EIGN WARS FIDELI	TY POST 1011, INC		
DOING BUSINE	ESS A				
ADDRESS 20 ST	ΓEVENS ST.				
CITY/TOWN: I	PEABODY	STATE: MA	ZIP CODE:	01960	
	TAEGER, T VILLIAM	YPE OF LICENSE:	Veterans club C	ATEGORY: All Alcoho	ol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
	OF LICENSED PREM				
	BASEMENT APPRO OODEN BLDG WIT			IT FOR STORAGE.	
I hereby certify a	nd swear under penalti	ies of perjury that:			
1. the rer	newed license will be	of the same type for t	he same premises now	licensed;	
2. the lic	ensee has complied w	ith all laws of the Co	mmonwealth relating t	to taxes; and	
3. the pre	emises are now open f	or business (If not ex	plain below)		
SIGNED BY					
	Individual, Partr	ner or Authorized Con	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER	
			(Note: NOT Inc	dividual Social Security Number	r)
Acts of 2004, sig	gned by the building	inspector and the he	ead of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:	1		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED					
(If disapproved ex	xpiaiii)				
			-		
DATE:					



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LICENSE NUMBER:	J956UUU46		CITY OR TO	OWN PEADOD	I
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	CAPONE'S, INC.				
DOING BUSINESS A	CAPONE'S				
ADDRESS 147 SUMN	MIT ST.				
CITY/TOWN: PEAB	ODY	STATE: MA	ZIP COD	E: 01960	
MANAGER: PESCION JUDIT		OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
PREMISES CONSIST LOUNGE ON THE FI EXITS. ALSO EXPAN OF 10 TO 25	RST FLOOR AND I	BALCONY WITH	I SEVEN ENTI	RANCES AND SE	EVEN
I hereby certify and sw	ear under penalties o	f perjury that:			
1. the renewed	l license will be of the	e same type for th	e same premises	s now licensed;	
2. the licensee	has complied with a	ll laws of the Con	monwealth rela	ting to taxes; and	
3. the premises	s are now open for b	usiness (If not exp	lain below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
			(Note: N	OT Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2) of 2010.	y the building insp	ector and the hea	nd of the fire de	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	.)				
DATE.					
DATE:					



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LICENSE NU	MBER: 095600048		CITY OR TOWN PEABO	DDY
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N.	AME: G & C REST	'AURANT, INC.		
DOING BUSI	NESS A GREG'S LO	OUNGE		
ADDRESS 50	WALNUT ST.			
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER:	VERVATES, HARRY	TYPE OF LICENSE: R	estaurant CATEGOR	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
BAR OPEN 7	DAYS SUN. 11 A.M	I1A.M. MONSAT. 10	A.M1 A.M.	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises now licensed	;
	•		nmonwealth relating to taxes; a	and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, P	artner or Authorized Corp	porate Officer	
DATE:	TELET	NIONE NUMBER	EMPLOYER IDENTIF	ICATION NUMBER:
	TELEF	PHONE NUMBER:	(Note: NOT Individual So	
Acts of 2004,	signed by the buildi	ing inspector and the hea	he certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	а Саріані <i>)</i>			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 13	88 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:095600051		CITY OR TOWN	PEABODY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	TRACKSIDE BAR	R & GRILL LLC			
DOING BUSINESS	A				
ADDRESS 30 WAR	REN				
CITY/TOWN: PEA	BODY	STATE: MA	ZIP CODE:	01960	
MANAGER: ROB	ERGE,MARIA TYI	PE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I SINGLE STORY BL I hereby certify and s 1. the renew 2. the license	wear under penalties ed license will be of ee has complied with ses are now open for	SES: AREA of perjury that: the same type for the all laws of the Com	e same premises now amonwealth relating to lain below)		
DATE:		E NUMBER:		R IDENTIFICATI	ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signed	by the building in	spector and the hea	he certificate require ad of the fire departs urance required by	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 09	95600052		CITY O	R TOWN	PEABODY	
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: TI	HE MOY'S GROU	JP, INC.				
DOING BUSINESS A	THE BUDDHA'S	TAVERN				
ADDRESS 144-46 WAS	SHINGTON					
CITY/TOWN: PEABO	DY	STATE: M	A ZIP	CODE:	01960	
MANAGER: MOY, El	LENA TYP	E OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOU	JR EMAIL ADDRE	SS		
DESCRIPTION OF LIC						
2400 SQ FT WITH TWO SERVING AND CONSU				OMMERC	CIAL SPACE	FOR
I hereby certify and swea	r under penalties	of perjury that:				
1. the renewed l	icense will be of t	he same type for	the same pre	mises now	licensed;	
2. the licensee h	as complied with	all laws of the Co	ommonwealtl	n relating t	o taxes; and	
3. the premises a	are now open for l	ousiness (If not e	xplain below)		
SIGNED BY	dividual, Partner	or Authorized Co	ornorate Offic	rer		
111	artical, rartical	or rumorized ec	rpor uic Offic			
DATE:	TELEPHONE			EMPLOYER	RIDENTIFICAT	ION NUMBER:
	TELEFIONI	E NUMBER.				ecurity Number)
W-4111	444 4]4	· (1)	41 41.00	. 4	. 1 b Cb 4	204 - £41
We the undersigned, at Acts of 2004, signed by						
named license and (2) to of 2010.	the certificate of	liquor liability i	nsurance red	quired by	Chapter 116	of the Acts
Please Check Below:			LOCA	LUCENS	SING AUTHO	ORITY
APPROVED:			By:	Z ZICZI (E		J
DISAPPROVED:						
(If disapproved explain)						
DATE:						
APPLICATION FOR RENEWAL 1	MUST BE FILED BY LIC	CENSEES DURING TH	IE MONTH OF N	OVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER	R: 095600053		CITY OR	TOWN	PEABODY	ľ
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	L.D. RESTAURA	NT INC.				
DOING BUSINESS	A LUCIANO'S					
ADDRESS 135 WA	SHINGTON ST.					
CITY/TOWN: PEA	ABODY	STATE: MA	ZIP C	ODE:	01960	
MANAGER: DIN	IS, LUCIANO TY	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF						
THREE ROOMS AN EXITS WITH AN A						
I hereby certify and s	swear under penaltie	s of perjury that:				
1. the renew	ed license will be of	f the same type for th	e same prem	ises now	licensed;	
2. the licens	ee has complied with	h all laws of the Com	nmonwealth 1	elating	to taxes; and	
3. the premi	ses are now open for	r business (If not exp	lain below)			
SIGNED BY	Individual Partne	er or Authorized Corp	orate Office	r		
	mar radar, rarric	r or ridinorized corp	orace office	•		
DATE:	TEI EDHON	NE NUMBER:	EI	MPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHOI	AL IVONIBLIC.	(Note:	NOT In	dividual Social S	Security Number)
Wa the and out one	d a44aa4 4ba4 a	· • (1) 4)	h a aaw 4:6: aa4	:	ad bu Chan4	204 of 4h o
		e in possession (1) the spector and the hea				
named license and of 2010.	(2) the certificate o	f liquor liability ins	urance requ	ired by	Chapter 116	of the Acts
Please Check Below:			LOCAL	LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	am <i>)</i>					
			-			
DATE:			-			
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOV	EMBER (N	M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBE	R: 095600054		CITY OR TOWN PEA	BODY
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	PREMIER HOSPITAL	LITY		
DOING BUSINESS	A PADDY KELLY'S			
ADDRESS 154 WA	SHINGTON ST.			
CITY/TOWN: PEA	ABODY	STATE: MA	ZIP CODE: 019	60
MANAGER: CUT	LER, DAVID E.TYPE (OF LICENSE: Res	staurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	MAIL ADDRESS	
	LICENSED PREMISES			
STORE ON THE FI ENTRANCES AND		HREE STORY W	OODEN BLDG WITH T	WO
I hereby certify and	swear under penalties of p	perjury that:		
1. the renew	ved license will be of the	same type for the	same premises now licens	ed;
	•		nonwealth relating to taxes	s; and
3. the premi	ises are now open for bus	iness (If not expla	ain below)	
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer	
	11101 / 10001, 1 01 0101 01	Tumonizus Corpo		
DATE:	TELEPHONE N	IIMRFR.	EMPLOYER IDENT	TIFICATION NUMBER:
	TEEE HOLE	CWBER.	(Note: NOT Individual	Social Security Number)
We the undersigne	d attact that we are in	nossossion (1) the	e certificate required by	Chantar 201 of the
Acts of 2004, signe	d by the building inspec	tor and the head	l of the fire department f	or the above
named license and of 2010.	(2) the certificate of liqu	uor liability insu	rance required by Chapt	er 116 of the Acts
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:)			
(If disapproved expl	aiii)			
			-	
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LICEN	SEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch	. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	093600033		CITY OR TOWN PEABOD	I
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	MJ VOTTO LLC			
DOING BUSINESS A	BRODIES PUB			
ADDRESS 10 1/2 LO	WELL ST.			
CITY/TOWN: PEAB	ODY	STATE: MA	ZIP CODE: 01960	
MANAGER: VOTT J.	O, MICHAEL TYPI	E OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISI	ES:		
STORE ON THE FIRST WOODEN BLDG	ST FLOOR WITH R	ROOMS FOR STOP	AGE IN THE THREE STORY	
I hereby certify and sw	ear under penalties o	of perjury that:		
1. the renewed	d license will be of the	ne same type for the	same premises now licensed;	
2. the licensee	has complied with a	all laws of the Com	nonwealth relating to taxes; and	
3. the premise	es are now open for b	ousiness (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	by the building insp	pector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE				
DATE:				



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LICENSE NUMBE	X: 095600056		CITY OR	IOWN	PEADOD	Ĺ
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	MARRIOTT H	OTEL SERVICES, INC	C			
DOING BUSINESS	A PEABODY M	MARRIOTT HOTEL				
ADDRESS 8A CEN	TENNIAL DRIV	E				
CITY/TOWN: PEA	ABODY	STATE: MA	ZIP CC	DDE:	01960	
MANAGER: WAI	RDLEY, THLEEN T.	ΓΥΡΕ OF LICENSE:In	nholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PRE	MISES:				
WHICH MAY BE I	DIVIDED INTO 4 D 2 MEETING R	T ROOMS,RESTAURA SMALLER FUNCTION OOMS ON THE SECO D BAR AREA	ON ROOMS,2	FUNC	CTION ROOM	MS ON
I hereby certify and	swear under penal	ties of perjury that:				
1. the renew	ed license will be	of the same type for the	e same premi	ses nov	v licensed;	
2. the licens	see has complied v	with all laws of the Con	monwealth re	elating	to taxes; and	
3. the premi	ses are now open	for business (If not exp	lain below)			
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer			
DATE:	TELEPH	ONE NUMBER:				ΓΙΟΝ NUMBER:
			(Note:	NOI In	dividual Social S	Security Number)
Acts of 2004, signe	d by the building	are in possession (1) the graph inspector and the heat of liquor liability ins	nd of the fire	depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL I By:	LICEN	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: SANTARPIOS PIZZA, INC DOING BUSINESS A SANTARPIOS ADDRESS 71 NEWBURY ST CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: SANTARPIO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohomological Carla EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEISHTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above and dicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	C		LICENSED FOR 20	13
LICENSEE NAME: SANTARPIOS PIZZA, INC DOING BUSINESS A SANTARPIOS ADDRESS 71 NEWBURY ST CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: SANTARPIO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohology CARLA EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010. Please Check Below; LOCAL LICENSING AUTHORITY By:		LASS		
DOING BUSINESS A SANTARPIO'S ADDRESS 71 NEWBURY ST CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: SANTARPIO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohomology CARLA EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	LICENSEE NAME: SANTARPIO'S PIZZA, INC			YEAR
ADDRESS 71 NEWBURY ST CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: SANTARPIO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohomological CARLA EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT TRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:				
CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: SANTARPIO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoho CARLA EMAIL ADDRESS: Please ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number (Note: NOT Individu	DOING BUSINESS A SANTARPIO'S			
MANAGER: SANTARPIO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohocarla CARLA EMAIL ADDRESS: Please Also VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG, BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number (Note: NOT Indi	ADDRESS 71 NEWBURY ST			
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note:	CITY/TOWN: PEABODY STAT	E: MA Z	ZIP CODE: 01960	
DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	,	ENSE: Restaurai	nt CATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES: ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT I	EMAIL ADDRESS:			
ONE ENTRANCE AND EXIT AT FRONT OF BLDG WITH EMERGENCY EXIT AT WEST SIDE OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number (Note: NO	PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL AD	DDRESS	
OF BLDG. BLDG MEASURES 72 X 109 FT WITH SMALL JOGS AT THE SOUTHEASTERLY AND NORTHWESTERLY CORNERS AND WILL CONTAIN APPROX 7300 SQ FT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	DESCRIPTION OF LICENSED PREMISES:			
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	OF BLDG. BLDG MEASURES 72 X 109 FT WITH	H SMALL JOGS	S AT THE SOUTHEASTER	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	I hereby certify and swear under penalties of perjury	that:		
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SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	-		•	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	3. the premises are now open for business (If not explain be	low)	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:				
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:		ized Corporate (Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By:	individual, I take of I take	ized corporate c		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By:				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By:	DATE: TELEPHONE NUMBI	FR.	EMPLOYER IDENTIFICATI	ION NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By:	TELEI HONE NOMBI	ZIX.	(Note: NOT Individual Social Se	ecurity Number)
APPROVED: By:	Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia	d the head of th	e fire department for the	above
	Please Check Below:	LO	CAL LICENSING AUTHO	ORITY
DICADDOUED		By	:	
(11 disappioved expiaili)	DISAPPROVED: (If disapproved explain)			
	DISAPPROVED: (If disapproved explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600058		CITY OR TOWN PEABODY
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ESSEN FOOD	S, INC.	
DOING BUSINESS A SYLVAN ST	REET GRILLE	
ADDRESS 12 SYLVAN ST		
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960
MANAGER: POSSEMATO,TRIC IA ELIZABETH	TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PRE		
TO ADD TO A PRESENTLY EXIST SERVICE RESTAURANT OF APPELAW. THERE SHALL BE ONE EN	ROX 8300 SQ FT WITH A	ALL ENT/ EXITS CONFORMING TO
I hereby certify and swear under pena	lties of perjury that:	
1. the renewed license will be	* *	-
<u>*</u>		onwealth relating to taxes; and
3. the premises are now open	for business (If not explain	in below)
SIGNED BY Individual, Par	rtner or Authorized Corpor	rate Officer
DATE: TELEPE	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
I DEDI I	IOI LE I VOINDER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095	5600061		CITY	OR TOWN	PEABODY	7
APPLICATION FOR RE	NEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: CE	NTURY HOUS	E OF PEABO	DY,INC.			
DOING BUSINESS A C	ENTURY HOU	SE EPICURE	AN SHOPPE			
ADDRESS 241 ANDOV	ER STREET					
CITY/TOWN: PEABOL	ΟY	STATE:	MA ZI	P CODE:	01960	
MANAGER: DISKES,	JOHN A. TYF	PE OF LICEN	SE:Package S	tore C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL ADD	RESS		_
DESCRIPTION OF LICE	ENSED PREMIS	SES:				
1 1/2 STORY WOOD FR AND COOLERS, ATTIC FLOOR STORAGE AND	TO REMAIN I	EMPTY. TWO	ENTRANCE			
I hereby certify and swear	under penalties	of perjury tha	t:			
1. the renewed lie	_			remises now	licensed;	
2. the licensee ha	s complied with	all laws of the	Commonwea	lth relating t	o taxes; and	
3. the premises a	re now open for	business (If no	ot explain belo	ow)		
SIGNED BY						
Inc	lividual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
			(Note: <u>NOT</u> Inc	dividual Social S	ecurity Number)
Please Check Below:			1.00	'AL LICENS	SING AUTHO	nditv
APPROVED:			By:	AL LICENS	SING AUTIN	JKII I
DISAPPROVED:			Dy.			
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0956000	062	CITY OR TOWN PEABOL	ΟY
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SITA L	IQUORS, INC.		
DOING BUSINESS A			
ADDRESS 17 CENTRAL ST			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: PATEL, NEHA	A J. TYPE OF LICENSE:	Package Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	E EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
FIRST FLOOR WITH ROOM	FOR STORAGE IN THE TH	HREE STORY WOODEN BLDG	ł
I hereby certify and swear under	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	he same premises now licensed;	
2. the licensee has cor	nplied with all laws of the Cor	nmonwealth relating to taxes; and	1
3. the premises are no	w open for business (If not ex	plain below)	
-			
SIGNED BY			
Individu	ual, Partner or Authorized Cor	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
•		(Note: NOT Individual Social	Security Number)
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: [If disapproved explain]			
(II disapproved explain)			
			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0956000	163	CITY OR TOWN PEABOL) 1
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FOSTEI DOING BUSINESS A McNA			
ADDRESS 12 FOSTER ST			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: LAKO, KRISTOFOR	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
3 1/2 STORY WOOD FRAME STORAGE ROOMS ON THE		AND THREE ENTRANCES. 3 AGE IN CELLAR.	1/2
3. the premises are no SIGNED BY	nplied with all laws of the Con w open for business (If not exp al, Partner or Authorized Corp		d
D 4 777			
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600064		CITY OR TOWN	PEABODY
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: NJH, INC.			
DOING BUSINESS A A&L LIQUORS	3		
ADDRESS 054-56 FOSTER ST			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE:	01960
MANAGER: HIOU, ARTHUR C. TY	PE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
NEW BLDG ATTACHED TO THE REFROM THE EXISTING PARKING LO			
BE A SIDE LOADING ENTRANCE A			
 the renewed license will be o the licensee has complied wit the premises are now open for 	th all laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer	
D A TEL			
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below:			ING AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600065		CITY OR TOWN PEABOL	ΟY		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: G & F LIQUOR	S INC.				
DOING BUSINESS A DUDDY'S LIQ	UORS				
ADDRESS 134 F G NEWBURY ST					
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960			
MANAGER: PETTIGLIO, GREG T	YPE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol		
EMAIL ADDRESS:					
DESCRIPTION OF LICENSED PREMONE STORY BLDG WITH STORAG I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open f	E IN CELLAR WITH (ies of perjury that: of the same type for the ith all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and			
SIGNED BY Individual, Partr	ner or Authorized Corpo	orate Officer			
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Socia			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI	HORITY		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095	600066	CITY	OR TOWN	PEABODY	
APPLICATION FOR REN	NEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: TAI	ND L. LIQUORS, INC.				
DOING BUSINESS A					
ADDRESS LOWELL RU	SSEL STS				
CITY/TOWN: PEABOD	OY STA	TE: MA Z	IP CODE:	01960	
MANAGER: FORTUNA ANTHON		CENSE: Package S	Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADI	DRESS		
DESCRIPTION OF LICE					
STORE B WITH ROOM FIRST FLOOR OF A CEN				EXITS ON T	THE
2. the licensee has	eense will be of the same s complied with all laws re now open for business	of the Commonwe	alth relating to		
SIGNED BY	lividual, Partner or Autho	orized Corporate O	officer		
DATE:	TELEPHONE NUME		EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOO By:	CAL LICENS	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN PEABOD!
LICENSED FOR 2013
S YEAR
MA ZIP CODE: 01960
E:Package Store CATEGORY: All Alcohol
OUR EMAIL ADDRESS
STORAGE IN THE ONE STORY BLDG
:
or the same premises now licensed;
Commonwealth relating to taxes; and
t explain below)
Corporate Officer
EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)
LOCAL LICENSING AUTHORITY
By:
By:
By:
By:
t



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	093600070		CITY OR TO	JWN PEADOD	I
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 075-79 LC	OWELL ST				
CITY/TOWN: PEAB	ODY	STATE: N	IA ZIP COD	DE: 01960	
MANAGER: DONC SHAW		YPE OF LICENSE	:Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	ISES:			
ONE STORY BRICK EXITS. BASEMENT-				NE ENTRANCE	, TWO
2. the licensee	has complied wi	of the same type for th all laws of the Corr business (If not e	ommonwealth rela		
	Individual, Partne	er or Authorized C	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LI By:	CENSING AUTH	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	750000/1		CITY OR TO	WN PEADOD	I
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: D	DB CORPORATIO	N			
DOING BUSINESS A	SOUTH PEABODY	LIQUORS			
ADDRESS 87 LYNNFI	ELD ST				
CITY/TOWN: PEABO	DY	STATE: MA	ZIP COD	E: 01960	
MANAGER: BRENN DAVID		OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISE	S:			
FIRST FLOOR WITH F THE REAR OF THE PE STORAGE. EMERGEN	REMISES MEASUF				ON TO
I hereby certify and swea	ar under penalties of	f perjury that:			
1. the renewed l	license will be of the	e same type for the	e same premises	now licensed;	
2. the licensee h	nas complied with al	l laws of the Com	monwealth relat	ing to taxes; and	
3. the premises	are now open for bu	siness (If not exp	lain below)		
SIGNED BY Ir	ndividual, Partner or	· Authorized Corp	orate Officer		
	,				
DATE:	TELEPHONE I	NI IMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TEEETHONE	ivelviben.	(Note: NO	<u>OT</u> Individual Social	Security Number)
Please Check Below:			LOCALLIC	CENICINIC ATTE	IODITV
APPROVED:			By:	CENSING AUTH	IORIT I
DISAPPROVED:			Dy.		
(If disapproved explain)					
DATE:					
					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	195600073		CITY OR TO	JWN PEADUL)1
APPLICATION FOR F	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: 7 DOING BUSINESS A		•			
ADDRESS 70 TREMO	ONT ST				
CITY/TOWN: PEAB	ODY	STATE: MA	ZIP COD	DE: 01960	
MANAGER: GIL, M	ARIA T	YPE OF LICENSE: Pa	ackage Store	CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
STORE ON THE FIRST TWO EXITS IN THE		'H CELLAR FOR STO	ORAGE WITH	TWO ENTRAN	CES AND
3. the premises	s are now open f	ith all laws of the Confor business (If not exponent	lain below)	ating to taxes; and	d
DATE:	TELEPHO	ONE NUMBER:		LOYER IDENTIFIC. OT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LI By:	CENSING AUT	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 095600074		CITY OR TOWN	PEABODY	7
APPLICATIO1	N FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NA	AME: NEMEAT N	MARKET,INC			
DOING BUSI	NESS A				
ADDRESS 62	WALNUT ST				
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE:	01960	
MANAGER:	BOUGAS, CHARLES S	TYPE OF LICENSE: P	Cackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PR	REMISES:			
STORE ON FI AND THREE		ROOM FOR STORAGE	E IN THE BACK. TW	O ENTRAN	CES
	premises are now ope	d with all laws of the Coren for business (If not expenses) artner or Authorized Cor	plain below)	o taxes, and	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Belo	DW:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVE	ED:		By:		
(If disapproved					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	1936000/6		CITY OR TO	JWN PEABOD	I
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME: I DOING BUSINESS A					
ADDRESS 175-77 AN	DOVER ST.				
CITY/TOWN: PEAB	ODY	STATE: MA	A ZIP COD	DE: 01960	
MANAGER: SELBY M	, ROBERT T	YPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUI	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LI					
STORE ON THE FIRS WITH ONE ENTRAN			RAGE IN THE I	REAR AND BASI	EMENT
2. the licensee 3. the premises	has complied w	of the same type for t ith all laws of the Co or business (If not ex	mmonwealth rela		
SIGNED BY	Individual, Partı	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	R: 095600082		CITY OR TOWN	EABODY
APPLICATION FOR	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	WAH FOOD SER	VICE CORP.		
DOING BUSINESS	A ROYAL GARDE	EN		
ADDRESS 126 NEV	VBURY STREET			
CITY/TOWN: PEA	BODY	STATE: MA	ZIP CODE:	01960
MANAGER: HUY	NH, CUONG TY	PE OF LICENSE:Re	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
ONE FLOOR, TWO FRONT AND BOTH		LING, STORAGE IN	CELLAR NOT IN US	SE. THREE EXITS,
I hereby certify and s	wear under penalties	s of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now lic	ensed;
2. the license	ee has complied with	n all laws of the Com	nonwealth relating to ta	axes; and
3. the premi	ses are now open for	business (If not expl	ain below)	
SIGNED BY	Individual Partne	r or Authorized Corpo	orate Officer	
	marviaur, i urure	of Humorized Corp.	state officer	
DATE:	TEI EDUON	IE NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
	TELEFTION	E NOMBER.		dual Social Security Number)
*** 41 1 1	.			1 (1 4 204 64)
			e certificate required d of the fire departme	by Chapter 304 of the nt for the above
				napter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ain)		-	
DATE:				
APPLICATION FOR RENEW	VAL MUST BE FILED BY I	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.)	L. Ch. 138 \$ 16A)



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APPLICATION FOR RENEWAL:		CITY OR TOWN PEABO	DI
	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: OUTBACK STEAKHO	OUSE OF FLORI	DA, LLC	
DOING BUSINESS A			
ADDRESS 300 ANDOVER STREET			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: DUNLEAVY, TYPE C JAMES E.	OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:		
SINGLE STORY BLDG WITH KITCHEN, I DINING, PATIO FOR ADDITIONAL SERV			S FOR
I hereby certify and swear under penalties of I	perjury that:		
1. the renewed license will be of the	same type for the	same premises now licensed;	
2. the licensee has complied with all	laws of the Comm	nonwealth relating to taxes; ar	nd
3. the premises are now open for bus	iness (If not expla	in below)	
SIGNED BY			
SIGNED BY Individual, Partner or A	Authorized Corpo	rate Officer	
	Authorized Corpo	rate Officer	
Individual, Partner or A	Authorized Corpo	rate Officer	
	,	EMPLOYER IDENTIFIC	
Individual, Partner or A	,		
Individual, Partner or A	UMBER: possession (1) the tor and the head	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	al Security Number) apter 304 of the che above
DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below:	UMBER: possession (1) the tor and the head	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	al Security Number) apter 304 of the the above 116 of the Acts
Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED:	UMBER: possession (1) the tor and the head	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social certificate required by Chapter 1 of the fire department for the contract of the fire department for the contract of the contract of the fire department for the contract of the fire department for the contract of the	al Security Number) apter 304 of the the above 116 of the Acts
Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED: DISAPPROVED:	UMBER: possession (1) the tor and the head	EMPLOYER IDENTIFIC (Note: NOT Individual Social Control of the fire department for the cance required by Chapter 1 LOCAL LICENSING AUT	al Security Number) apter 304 of the the above 116 of the Acts
Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED:	UMBER: possession (1) the tor and the head	EMPLOYER IDENTIFIC (Note: NOT Individual Social Control of the fire department for the cance required by Chapter 1 LOCAL LICENSING AUT	al Security Number) apter 304 of the the above 116 of the Acts
Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED: DISAPPROVED:	UMBER: possession (1) the tor and the head	EMPLOYER IDENTIFIC (Note: NOT Individual Social Control of the fire department for the cance required by Chapter 1 LOCAL LICENSING AUT	al Security Number) apter 304 of the the above 116 of the Acts



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LICENSE NUMBER	: 093600083		CI	IY OR TOWN	PEABOD	
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A		NEFIT SOCI	ETY OF C	OUR LADY OF	HELP	
ADDRESS 61 NORT	THEND STREET					
CITY/TOWN: PEA	BODY	STATE:	MA	ZIP CODE:	01960	
MANAGER: VASO ELIO		E OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		YOUR EMAIL	ADDRESS		
ONE STORY BLDG SOCIAL ROOM WIT	. W/ AN UPSTAIRS	FUNCTION		TH A SERVIC	EBAR. BAS	SEMENT
	e has complied with es are now open for l Individual, Partner	ousiness (If no	ot explain l	pelow)	to taxes; and	
DATE:	TELEPHONE	E NUMBER:			R IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and th	ne head of	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)			OCAL LICEN	SING AUTH	ORITY
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 095600086		CITY OR T	OWN PEABODY	
APPLICATION FO	R RENEWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BBRG TR OP	ERATING LLC			
DOING BUSINESS	A JOE'S AMER	RICAN BAR & GRILL			
ADDRESS NORTH	SHORE MALL				
CITY/TOWN: PEA	ABODY	STATE: MA	ZIP CO	DE: 01960	
MANAGER: LUN CHR	NDSTEN, RISTOPHER	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
LARGE DINING I	ROOM W/ADJO	INING LOUNGE AND	SMALL WAI	ITING AREA.	
I hereby certify and	-				
		e of the same type for the	-		
	-	with all laws of the Corn for business (If not exp		lating to taxes; and	
5. the premi	ises are now open	i for business (if not exp	piani below)		
SIGNED BY					
SIGINED DI	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPH	HONE NUMBER:	EM	PLOYER IDENTIFICAT	TON NUMBER:
			(Note: <u>I</u>	NOT Individual Social S	ecurity Number)
Acts of 2004, signe	d by the building	e are in possession (1) t g inspector and the he te of liquor liability ins	ad of the fire o	department for the	above
Please Check Below:			LOCAL L	ICENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	 ain)				
(ii disappioved expi	uiii <i>)</i>		_		
DATE:					



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APPLICATION FOR RENEWAL			
	L: Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: LEGAL SE	EA FOODS, INC		
DOING BUSINESS A			
ADDRESS ROUTES 114 & 128			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 0190	50
MANAGER: CHETKIN, CHRISTIANNE	TYPE OF LICENSE: Resta	urant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
8189 SQ FT WITH ONE MAIN			8
DELIVERIES. MAXIMUM OC	CUPANCY OF THREE HUND	KED.	
I hereby certify and swear under p	- · ·		
	ill be of the same type for the sa	-	
2. the licensee has compl	ied with all laws of the Commo	nwealth relating to taxes	; and
3. the premises are now of	open for business (If not explain	below)	
SIGNED BY		0.07	
	Partner or Authorized Corpora	te Officer	
	Partner or Authorized Corpora	te Officer	
Individual	, Partner or Authorized Corpora		
Individual	, Partner or Authorized Corpora EPHONE NUMBER:	EMPLOYER IDENT	TIFICATION NUMBER:
Individual			
Individual	EPHONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	Social Security Number)
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil	EPHONE NUMBER: t we are in possession (1) the c lding inspector and the head o	EMPLOYER IDENT (Note: <u>NOT</u> Individual a	Social Security Number) Chapter 304 of the or the above
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certification.	EPHONE NUMBER: t we are in possession (1) the c lding inspector and the head o	EMPLOYER IDENT (Note: <u>NOT</u> Individual a	Social Security Number) Chapter 304 of the or the above
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	EPHONE NUMBER: t we are in possession (1) the c ding inspector and the head o ficate of liquor liability insura	EMPLOYER IDENT (Note: <u>NOT</u> Individual) ertificate required by 6 f the fire department fonce required by Chapt	Chapter 304 of the or the above er 116 of the Acts
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010. Please Check Below:	EPHONE NUMBER: t we are in possession (1) the c lding inspector and the head o ficate of liquor liability insura	EMPLOYER IDENT (Note: NOT Individual) ertificate required by (f the fire department for the required by Chapt LOCAL LICENSING A	Chapter 304 of the or the above er 116 of the Acts
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010. Please Check Below: APPROVED:	EPHONE NUMBER: t we are in possession (1) the c lding inspector and the head o ficate of liquor liability insura	EMPLOYER IDENT (Note: <u>NOT</u> Individual) ertificate required by 6 f the fire department fonce required by Chapt	Chapter 304 of the or the above er 116 of the Acts
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010. Please Check Below: APPROVED: DISAPPROVED:	EPHONE NUMBER: t we are in possession (1) the c lding inspector and the head o ficate of liquor liability insura	EMPLOYER IDENT (Note: NOT Individual) ertificate required by (f the fire department for the required by Chapt LOCAL LICENSING A	Chapter 304 of the or the above er 116 of the Acts
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010. Please Check Below: APPROVED:	EPHONE NUMBER: t we are in possession (1) the c lding inspector and the head o ficate of liquor liability insura	EMPLOYER IDENT (Note: NOT Individual) ertificate required by (f the fire department for the required by Chapt LOCAL LICENSING A	Chapter 304 of the or the above er 116 of the Acts
DATE: TEL We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010. Please Check Below: APPROVED: DISAPPROVED:	EPHONE NUMBER: t we are in possession (1) the c lding inspector and the head o ficate of liquor liability insura	EMPLOYER IDENT (Note: NOT Individual) ertificate required by (f the fire department for the required by Chapt LOCAL LICENSING A	Chapter 304 of the or the above er 116 of the Acts



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LICENSE NUMBEI	R: 095600088		CITY	OR TOWN	PEABODY	
APPLICATION FO	R RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	Red's LLC					
DOING BUSINESS	A Red's Restaura	ant and Tavern				
ADDRESS 131 Nev	vbury St					
CITY/TOWN: PEA	ABODY	STATE: MA	ZI	P CODE:	01960	
MANAGER: Driv	as, Lisa A	TYPE OF LICENSE: Re	estaurant	. C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADD	RESS		
DESCRIPTION OF	LICENSED PREI	MISES:				
THE PREMISES CO	ONSIST OF 5,984	SQ FT. ON THE FIRS	ST FLOO	OR, INCLU	DING BAR A	REAS, 3
		S, SERVICE STATION				
		FRONT AND TWO E				
		ND FLOOR., WHICH (CONTA	INS PRIMA	RILY OF ST	ORAGE
I hereby certify and		LE TO THE PUBLIC/				
• •	•	of the same type for the	a cama n	ramicae nou	v licensed:	
		* *	-			
	-	with all laws of the Com		•	to taxes; and	
3. the premi	ses are now open	for business (If not exp	iain beio	ow)		
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Of	ficer		
DATE:	TELEPH	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signe	d by the building	are in possession (1) the inspector and the heater of liquor liability instant	d of the	fire depart	tment for the	above
Please Check Below:			LOC	CAL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:			2).			
(If disapproved expl	ain)					
	*					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 095600091		CITY OR TOWN	PEABODY
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PORTUGES	E AMERICAN WAR VE	TERANS POST #1	
DOING BUSI	NESS A			
ADDRESS 10	3 TREMONT ST			
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE:	01960
MANAGER:	SILVA, RAYMOND J.	TYPE OF LICENSE: Vo	eterans club C	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PR			
	TWO STORY WOO	DD BLDG WITH ENTRA	NCES AND EXITS	ON ALL FOUR
2. the	licensee has complied	be of the same type for the d with all laws of the Com en for business (If not exp	monwealth relating	
	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
· · · · · · · · · · · · · · · · · · ·	r /		<u> </u>	
			-	
DATE:				



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LICENSE NUMBER	:095600093		CITY OR TOWN	PEABODY	
APPLICATION FOR	RENEWAL:	Annual	LICENSI	ED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	ZHONG XING LON	NG-M INC			
DOING BUSINESS	A MISONO				
ADDRESS 82 NEWI	BURY ST				
CITY/TOWN: PEA	BODY	STATE: MA	ZIP CODE:	01960	
MANAGER: CHAI YULI	N, KATHRINE TYPI N	E OF LICENSE:	Restaurant CA'	ΓEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOU	R EMAIL ADDRESS		I
DESCRIPTION OF I					
			H 11 SEATS 15 SEAT IRWAYS PROVIDE A		
I hereby certify and sv	wear under penalties of	of perjury that:			
1. the renewe	ed license will be of the	ne same type for t	he same premises now li	censed;	
2. the license	e has complied with a	all laws of the Co	mmonwealth relating to	taxes; and	
3. the premis	es are now open for b	ousiness (If not ex	plain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Con	porate Officer		
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: <u>NOT</u> Indiv	idual Social Se	ecurity Number)
Acts of 2004, signed	by the building insp	pector and the he	the certificate required ead of the fire departm surance required by C	ent for the	above
Please Check Below:			LOCAL LICENSII	NG AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	III <i>)</i>				
DATE:			_		



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LICENSE NUMBER:	195600094		CITY	JK TOWN	PEABOD	
APPLICATION FOR I	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	CARRABBA'S IT	ALIAN GRILL, L	LC			
DOING BUSINESS A	CARRABBA'S I	TALIAN GRILL				
ADDRESS 00001A NI	EWBURY ST					
CITY/TOWN: PEAB	ODY	STATE: M	A ZIF	CODE:	01960	
MANAGER: LAPOR		PE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDR	ESS		_
DESCRIPTION OF LI	CENSED PREMI	SES:				
BUILDING ADJACEN ONE SIDE ENT/EXIT CAPACITY OF 288, I	, 3 BACK ENT/E	XITS. A FULL SE				
3. the premises	s are now open for	n all laws of the Co business (If not ex	xplain belov	w)	to taxes; and	
	marviduai, i artiic	of Munorized Co	iporate Oii	icci		
DATE:	TELEPHON	IE NUMBER:	(1)			TION NUMBER: decurity Number)
We the undersigned, Acts of 2004, signed I named license and (2) of 2010.	y the building in	spector and the h	ead of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



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LICENSE NUMB	ER: 095600096		CITY OR TOWN PEABOD	Y
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NAM	E: YANKEE BBQ CO	OMPANY,INC.		
DOING BUSINES	SS A TENNESSEE'S F	REAL BBQ REAL FA	AST	
ADDRESS 260 A	NDOVER STREET			
CITY/TOWN: P	EABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: BA	ARA, DAVID K. TYI	PE OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PREMIS			
ONE FLOOR, TW FRONT AND BO		LING, STORAGE IN	CELLAR NOT IN USE. THRE	EE EXITS,
I hereby certify an	d swear under penalties	of perjury that:		
1. the ren	ewed license will be of	the same type for the	same premises now licensed;	
2. the lice	ensee has complied with	all laws of the Comn	nonwealth relating to taxes; and	
3. the pre	mises are now open for	business (If not expla	nin below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
D.A.TE				
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
			(1101c. 1101 marviduai Sociai i	Security Number)
Acts of 2004, sign	ned by the building in	spector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piain)			
DATE:				



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LICENSE NUMB	ER: 095600097		CITY OR TOWN PEABOD	Y
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAMI	E: YUMMY SUSHI	INC.		
ADDRESS 136 N				
CITY/TOWN: PI	EABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: KC	ONG, JOUN YI T	YPE OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	F LICENSED PREM			
ONE FLOOR, TW FRONT AND BO		LLING, STORAGE IN	CELLAR NOT IN USE. THRE	EE EXITS,
I hereby certify and	d swear under penalti	es of perjury that:		
1. the rene	ewed license will be o	of the same type for the	same premises now licensed;	
2. the lice	nsee has complied wi	th all laws of the Comm	nonwealth relating to taxes; and	
3. the prei	mises are now open for	or business (If not expla	nin below)	
SIGNED BY				
	Individual, Partn	er or Authorized Corpo	rate Officer	
D. 1 TTC				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(Note: NOT marvidual Social	Security Number)
Acts of 2004, sign	ned by the building i	nspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	piain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0956001	00	CITY OR TOWN PEABODY	Y
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TIRANA	FOODS SERVICE, INC		
DOING BUSINESS A FAMIL	Y FARE RESTAURANT		
ADDRESS 00474R LOWELL	ST		
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: NOCI, LEK	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	_		
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSEI			
SINGLE FLOOR, EXISTING I LOT. REAR EXIT THROUGH		WITH ENTRANCE FROM PA	ARKING
the licensee has com the premises are now SIGNED BY	will be of the same type for the plied with all laws of the Common open for business (If not explanal, Partner or Authorized Corporation)	nonwealth relating to taxes; and ain below)	
DATE:			
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social S	
Acts of 2004, signed by the bu	ilding inspector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 110	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
_ ·			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 095600102		CITY OR TO	WN PEABODY	(
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AZOREAN BRO	OTHERHHOOD OF I	DIVINE HOLY (GHOST,INC.	
DOING BUSINESS	A				
ADDRESS 020-22 1	HOWLEY STREE	Г			
CITY/TOWN: PEA	ABODY	STATE: MA	ZIP CODI	E: 01960	
MANAGER: PIN	ΓO, JOSE M. T	YPE OF LICENSE: C	lub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
BUILDING IN PRO MEZZANINE 71' 4'		BILITATION AND DI	ESIGN. MAI N I	FLOOR 84'8 X 16	56' 10".
The selection of the se		·			
I hereby certify and		ies of perjury that: of the same type for th	e same nremises	now licensed:	
		ith all laws of the Con	1		
	-	or business (If not exp		8	
SIGNED BY					
	Individual, Partr	ner or Authorized Corp	oorate Officer		
D.A.TE					
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
			(Note. <u>NO</u>	T Individual Social S	security Number)
		re in possession (1) t			
	•	inspector and the hea of liquor liability ins		-	
of 2010.			•		
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expl	am)				
			-		
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	5600103		CI	ΓY OR TOV	VN PEABOD	ΟY
APPLICATION FOR RE	ENEWAL:	Annu	al	LIC	ENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME: Lu	ıvalan Manager	ment Corp				
DOING BUSINESS A	Γoscana's Resta	urant & Café				
ADDRESS 3 BOURBO	N STREET					
CITY/TOWN: PEABO	DY	STATE:	MA	ZIP CODE	: 01960	
MANAGER: Perrina,	Angelo T	YPE OF LICEN	SE:Restaur	rant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
		WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LIC					ANGES ARE	
4000 SQ. FEET SEATIN ENTRANCE/ EXIT IN I						
BUILDING.		· · · · · · · · · · · · · · · · · · ·				
I hereby certify and swea	or under penalti	as of parium the	···			_
1. the renewed l	-	1 0 0		ne premises i	now licensed;	
2. the licensee h		• 1		•		d
3. the premises a	are now open fo	or business (If no	ot explain b	elow)		
SIGNED BY	dinidual Danta	er or Authorized	1 Camaana	Off:		
111	arun Parun	er of Authorized	Corporate	Officer		
DATE:	TELEDIIO	NE NI IMDED.		EMPI C	YER IDENTIFIC	ATION NUMBER:
	TELEPHO	NE NUMBER:				l Security Number)
33 7 41 1 1 1 1			(1) (1	4 · 6 ·	. 11 61	4 204 64
We the undersigned, at Acts of 2004, signed by		_		-		
named license and (2) to of 2010.						
Please Check Below:			T	OCAL LIC	ENICINIC ALITI	HODITV
APPROVED:				OCAL LICI 5y:	ENSING AUTI	HURITY
DISAPPROVED:			D	. y .		
(If disapproved explain)			_			
			_			
DATE:			-			



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•	CITY OR TOWN PEABODY
Annual	LICENSED FOR 2013
CLASS	YEAR
NC.	
CAFE' & GRILLE	
STATE: MA	ZIP CODE: 01960
YPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
MISES:	
	ONT USED AS ENTRANCE & EXIT SMALL SER VICE BAR AREA.
ies of perjury that:	
of the same type for the s	same premises now licensed;
	onwealth relating to taxes; and
or business (If not explai	in below)
per or Authorized Cornor	rate Officer
ici of Authorized Corpor	ate officer
ME MIMBED.	EMPLOYER IDENTIFICATION NUMBER:
ONE NUMBER.	(Note: NOT Individual Social Security Number)
inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS NC. CAFE' & GRILLE STATE: MA YPE OF LICENSE: Rest WEBSITE AND ENTER YOUR EM. MISES: A MALL. DOOR IN FR ENS & LADIES ROOM. ies of perjury that: of the same type for the s ith all laws of the Comm for business (If not explain oner or Authorized Corporation of Property Corporation o



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	95600107	(CITY OR TOW	N PEABODY	
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: B	ROOKSBY VILLAC	GE, INC			
DOING BUSINESS A	BROOKSBY VILLA	AGE`			
ADDRESS 1 BROOKS	BY VILLAGE DRIV	νE			
CITY/TOWN: PEABO	DDY	STATE: MA	ZIP CODE:	01960	
MANAGER: ARCHA HARLE	AMBAULT,CTYPE (EEN	OF LICENSE: Club	1	CATEGORY: All Al	cohol
EMAIL ADDRESS:					
PLE	CASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMISES	: :			
COMMUNITY BUILD ALL ON 2ND FLOOR, ON 1ST FLOOR AND	POOL AND PATIO	AREA ON FIRST	FLOOR, ONE		
I hereby certify and swe	ar under penalties of	perjury that:			
	license will be of the	• 1			
	has complied with all		_	to taxes; and	
3. the premises	are now open for bus	siness (If not explain	n below)		
SIGNED BY	ndividual, Partner or	Authorized Corpora	nte Officer		
	, , , , , , , , , , , , , , , , , , , ,				
DATE:	TELEPHONE N	лімвев.	EMPLOY	ER IDENTIFICATION NUI	MBER:
	TEELI HONE I	CWIDER.	(Note: NOT]	Individual Social Security N	umber)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building inspec	ctor and the head	of the fire depar	rtment for the above	
Please Check Below:			LOCAL LICEN	NSING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))				 -
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBEK: 095600108		CITY OR TOWN PE	ABODI
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSIN	ESS A SPRINGHII	OF MASSACHUSETTS LL SUITES HOTEL	, INC	
ADDRESS 43 1				
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE: 01	1960
MANAGER:	RAMOS, CRAIG	TYPE OF LICENSE: Pa	ackage Store CATE	GORY: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PR			
WILL CONTA		FRIGERATOR FOR INI	OFF OF MAIN LOBBY A DIVIDUAL SERVICE OF	
2. the la	icensee has complied	• •	e same premises now liced amonwealth relating to taxulain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENSING	AUTHORITY
DISAPPROVED.	D.		By:	
(If disapproved				
DATE:				



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LICENSE NUMBER:)95600109		CITY OR TOWN	PEABODY	-
APPLICATION FOR I	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Γokyo Steak House	e, Inc			
DOING BUSINESS A	Tokyo Steak Hou	se			
ADDRESS 300 ANDC	OVER STREET				
CITY/TOWN: PEAB	ODY	STATE: MA	ZIP CODE:	01960	
MANAGER: Lin, Gu	iang l TYF	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LI			000 000 4		
DINING ROOM, KITO	CHEN AND STOR	RAGE ON FIRST FL	OOR RETAIL SP.	ACE W/ 4 EG	RESSES.
I hereby certify and swe	•				
		the same type for the	=		
	•	all laws of the Comr	_	to taxes; and	
3. the premises	s are now open for	business (If not expla	ain below)		
SIGNED BY	Individual Partner	or Authorized Corpo	orate Officer		
	maryradar, r armer	of Hamorized Corps	ruic Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	12221101	21,01,1221	(Note: NOT In	ndividual Social S	ecurity Number)
We the undersigned,	attact that we are	in neggession (1) th	o contificato nocui	ned by Chant	on 201 of the
Acts of 2004, signed b					
named license and (2) of 2010.) the certificate of	liquor liability insu	rance required by	Chapter 116	of the Acts
Please Check Below:					OD MILL
APPROVED:			LOCAL LICEN By:	SING AUTHO	ORITY
DISAPPROVED:]		Бу.		
(If disapproved explain	1)				
DATE:					



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LICENSE NU	MBER: 095600110		CITY OR TOWN PEABOD	Y
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: JOHN MAGULAS	JOSEPH DEAMAT	0	
DOING BUSI	NESS A WORLD CLASS	BILLARDS		
ADDRESS 82	NEWBURY STREET			
CITY/TOWN	: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER:	JOHN MAGULAS/ TYI JOSEPH DEAMATO	PE OF LICENSE: Res	ctaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTIO	ON OF LICENSED PREMIS	SES:		
2. the	licensee has complied with premises are now open for	all laws of the Comn		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	, signed by the building in	spector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 11	e above
Please Check Bel	low:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 disapprovo				
DATE:				



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LICENSE NUMBE	R: 095600111		CITY OR TO	WN PEABODY	<i>T</i>
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: POLIVIOS, INC				
DOING BUSINESS	A BROTHERS R	COUZINA			
ADDRESS 23 NEW	VBURY ST				
CITY/TOWN: PE	ABODY	STATE: N	IA ZIP COD	E: 01960	
MANAGER: CHE	· · · · · · · · · · · · · · · · · · ·	YPE OF LICENSE	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION OF					
ONE STORY BRIC	CK BUILDING. FR	EE STANDING			
3. the prem SIGNED BY		for business (If not e			
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT OT Individual Social S	
Acts of 2004, signe	ed by the building	are in possession (1 inspector and the l of liquor liability i	nead of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	loin)				
(11 disapproved expl	iaiii <i>)</i>				
					
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600112	•	CITY OR TOWN PEABOL	ΟY
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: TASTY VILLAG	E, LLC		
DOING BUSINESS A VILLAGE CAFI	É/TASTY FOODS		
ADDRESS 49A LOWELL STREET			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: NASH, ELIZABETHTY	PE OF LICENSE: Rest	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	ISES:		
APPROX. 3,000 SQ. FT. FIRST PREMI AT FRONT AT LOWELL T. AND EAS WALK IN FREEZER, DRY STORAGE	T SIDE OF PREMISE	S FULL KITCHEN FACILIT	
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the s	ame premises now licensed;	
2. the licensee has complied with	h all laws of the Commo	onwealth relating to taxes; and	1
3. the premises are now open for	r business (If not explai	n below)	
SIGNED BY Individual, Partne	r or Authorized Corpor	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	l Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for th	ne above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			·



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APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: D & B Corp DOING BUSINESS A The Golden Banana ADDRESS 151 Rear Newbury St CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: DePesa, Robert TYPE OF LICENSE: General on CATEGORY: All Alcohol premise EMAIL ADDRESS: FLASE ALSO VISIT OUR WEBSTIF AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: One story concrete building with tar and gravel roof. One entrance and five exits Thereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED:	LICENSE NUMBER: 09560011	13	CITY OR TOWN PEABC	DDY
LICENSEE NAME: D & B Corp DOING BUSINESS A The Golden Banana ADDRESS 151 Rear Newbury St CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: DePesa, Robert TYPE OF LICENSE: General on CATEGORY: All Alcohol premise EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: One story concrete building with tar and gravel roof. One entrance and five exits 1 hereby certify and swear under penalties of perjury that: 1 the renewed license will be of the same type for the same premises now licensed; 2 the licensee has complied with all laws of the Commonwealth relating to taxes; and 3 the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	R 2013
DOING BUSINESS A The Golden Banana ADDRESS 151 Rear Newbury St CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: DePesa, Robert TYPE OF LICENSE: General on CATEGORY: All Alcohol premise EMAIL ADDRESS:		CLASS		YEAR
ADDRESS 151 Rear Newbury St CTTY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: DePesa, Robert TYPE OF LICENSE: General on CATEGORY: All Alcohol premise EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: One story concrete building with tar and gravel roof. One entrance and five exits I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	LICENSEE NAME: D & B Co	orp		
CITY/TOWN: PEABODY STATE: MA ZIP CODE: 01960 MANAGER: DePesa, Robert TYPE OF LICENSE: General on CATEGORY: All Alcohol premise EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: One story concrete building with tar and gravel roof. One entrance and five exits I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [If disapproved explain)	DOING BUSINESS A The Gol	den Banana		
MANAGER: DePesa, Robert TYPE OF LICENSE: General on premise EMAIL ADDRESS: PIEANE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	ADDRESS 151 Rear Newbury S	St		
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: One story concrete building with tar and gravel roof. One entrance and five exits I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY	CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
DESCRIPTION OF LICENSED PREMISES: One story concrete building with tar and gravel roof. One entrance and five exits I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: Uff disapproved explain)	MANAGER: DePesa, Robert			RY: All Alcohol
DESCRIPTION OF LICENSED PREMISES: One story concrete building with tar and gravel roof. One entrance and five exits I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) DATE:	EMAIL ADDRESS:			
One story concrete building with tar and gravel roof. One entrance and five exits I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	PLEASE ALSO		EMAIL ADDRESS	
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIT HOT INDIVIDUAL LICENSING AUTHORITY By: DATE:	DESCRIPTION OF LICENSEE	PREMISES:		
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIG disapproved explain) DATE:	One story concrete building with	tar and gravel roof. One ent	rance and five exits	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIT HORIZON OF THE MORE ACTS OF THE M	I hereby certify and swear under	penalties of perjury that:		
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By: DISAPPROVED: DI	1. the renewed license v	will be of the same type for the	ne same premises now licensed;	;
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: By: DISAPPROVED: DISAPPROVED: OIT BY: Understand The Authorized Corporate Officer LOCAL LICENSING AUTHORITY By: DATE:	2. the licensee has comp	plied with all laws of the Cor	nmonwealth relating to taxes; a	nd
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	3. the premises are now	open for business (If not exp	plain below)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: Uff disapproved explain) DATE:		ıl, Partner or Authorized Cor	porate Officer	
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) DATE:	DATE: TE	LEPHONE NUMBER:		
APPROVED: By: DISAPPROVED: U(If disapproved explain) DATE:	Acts of 2004, signed by the bunamed license and (2) the cert	ilding inspector and the he	ad of the fire department for	the above
DISAPPROVED: [[] (If disapproved explain) [] DATE:	Please Check Below:		LOCAL LICENSING AU	THORITY
(If disapproved explain) DATE:	<u> </u>		By:	
DATE:				
	(If disapproved explain)			
ADDITION FOR DENEWAL MUST BE FILED BY LICENSEES DIDING THE MONTH OF NOVEMBED AN C.L. Ch. 129 9 1643	DATE:			
	ADDITION FOR DENEWAL MITTER	EII ED BY I ICENSEES DIDING THE	MONTH OF NOVEMBER (M.C.). Ct. 12	8 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 095600115		CITY OR TOWN	PEABODY	7
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSIN	AME: MARK DOWN NESS A LYNN ST. M				
	2 LYNN STREET	STATE: MA	ZIP CODE:	01060	
CITY/TOWN:				01960	
MANAGER:	DOWNEY,MARK	TYPE OF LICENSE: Pa	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
		UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PRI	EMISES:			
LYNN STREE	T FRONT DOOR SIL	DE LOOR PARKING LO	OT, REAR DOOR BI	EHIND	
I hereby certify	and swear under pena	alties of perjury that:			
1. the	renewed license will b	e of the same type for the	e same premises now	licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to	o taxes; and	
3. the	premises are now oper	n for business (If not exp	lain below)		
SIGNED BY					
BIOTILD DI	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	mer en	1011E 1 H 11 (DED	EMDI OVEE	DENTIECAT	TON NUMBER:
DITTE.	TELEPH	HONE NUMBER:	(Note: NOT Ind		
			(1.000) <u>1.002</u> III.	ii viddai Sociai S	ceurity (vainber)
Please Check Belo	w.		LOCAL LICENS	INC AUTH	ODITY
APPROVED:			LOCAL LICENS	oing au i ni	JKII I
DISAPPROVE	ED:		By:		
(If disapproved					
**	<u>.</u>				
DATE:					



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00116		CITY OR TOWN PEABO	DY
EWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
S CHURRASCARIA	Λ		
VEIRA'S STEAK H	OUSE		
T ST			
ST	CATE: MA	ZIP CODE: 01960	
A TYPE OF	LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
LSO VISIT OUR WEBSITE A	ND ENTER YOUR EM.	AIL ADDRESS	
PARATE BAR, DIN	ING AND FUN	NCTION AREAS WITH 5 EX	XITS,
nder penalties of per	jury that:		
nse will be of the san	ne type for the s	same premises now licensed;	
complied with all law	vs of the Comm	onwealth relating to taxes; ar	nd
now open for busine	ss (If not explai	in below)	
idual, Partner or Au	thorized Corpor	rate Officer	
TELEPHONE NUM	MBER:	EMPLOYER IDENTIFIC	
		(Note: <u>NOT</u> Individual Soci	al Security Number)
e building inspector	and the head	of the fire department for t	the above
		LOCAL LICENSING AUT	THORITY
		By:	
			
	SCHURRASCARIA VEIRA'S STEAK H T ST A TYPE OF LISO VISIT OUR WEBSITE A SED PREMISES: PARATE BAR, DIN Inder penalties of per inse will be of the san complied with all law now open for busine idual, Partner or Aut TELEPHONE NUM It that we are in pose building inspector	EWAL: Annual CLASS S CHURRASCARIA VEIRA'S STEAK HOUSE T ST STATE: MA A TYPE OF LICENSE: Rest LISO VISIT OUR WEBSITE AND ENTER YOUR EM SED PREMISES: PARATE BAR, DINING AND FUN Inder penalties of perjury that: Inse will be of the same type for the secomplied with all laws of the Comminow open for business (If not explain idual, Partner or Authorized Corporation of TELEPHONE NUMBER: It that we are in possession (1) the be building inspector and the head	CLASS S CHURRASCARIA VEIRA'S STEAK HOUSE T ST STATE: MA ZIP CODE: 01960 A TYPE OF LICENSE: Restaurant CATEGOR LISO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: PARATE BAR, DINING AND FUNCTION AREAS WITH 5 E. Inder penalties of perjury that: Inse will be of the same type for the same premises now licensed; complied with all laws of the Commonwealth relating to taxes; an now open for business (If not explain below) TELEPHONE NUMBER: EMPLOYER IDENTIFIC (Note: NOT Individual Social that we are in possession (1) the certificate required by Chapter is certificate of liquor liability insurance required by Chapter is LOCAL LICENSING AUT



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 095600118		CITY OR TOWN PEABO	וע
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: BKDE LIQU NESS A CORKSCR			
ADDRESS 23	CENTRAL ST			
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER:	KETRELAKES, GEORGE E	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
		ocated at UNIT 1 nalties of perjury that:		
	premises are now op	een for business (If not expenses)		ıd
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 095600119		CITY OR TOWN	PEABODY
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: WALNUT M	MART LLC		
DOING BUSI	NESS A WALNUT	MART		
ADDRESS 36	WALNUT STREET			
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE:	01960
MANAGER:	SALALAYKO, LINDA	TYPE OF LICENSE: P	ackage Store C.	ATEGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
		IN MIDDLE OF COMN REET AND ONE ENTRA		
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now	licensed;
2. the	licensee has complie	ed with all laws of the Cor	nmonwealth relating t	o taxes; and
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Cor	porate Officer	
DATE				
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(140te. <u>1401</u> III)	iividuai Sociai Security Number)
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	d explain)			
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	95600120		CITY OR TOWN	PEABODY	7
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S.	AVITA CORP.				
DOING BUSINESS A	SUMMIT VARIE	ΤΥ			
ADDRESS 145A SUM	MIT AVENUE				
CITY/TOWN: PEABC	DDY	STATE: MA	ZIP CODE:	01960	
MANAGER: PATEL,	BHAVNA TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
ONE UNIT OF A ONE IN THE RIGHT FROM				NCE IS LO	CATED
3. the premises SIGNED BY	are now open for b	ousiness (If not expl	· · · · · · · · · · · · · · · · · · ·	o taxes; and	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 095600121		CITY OR TOWN	PEABODY	•
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	TIRTH CONVENII	ENCE,INC.			
DOING BUSINESS	A 4 YOUR CONVE	NIENCE STORE			
ADDRESS 150 MAI	N STREET				
CITY/TOWN: PEA	BODY	STATE: MA	ZIP CODE:	01960	
MANAGER: PATE BHEN	EL,RAMELAH TYP N A.	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-			
1	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I					
IN ONE UNIT OF A			SINGLE ENTRANG	CE IN THE I	FRONT.
I hereby certify and so		1 0 0			
	ed license will be of t		_		
	ee has complied with ses are now open for l		•	taxes; and	
3. the prenns	ses are now open for t	business (II not expi	ani below)		
SIGNED BY					
SIGNED D1	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENIA		
APPROVED:			LOCAL LICENS By:	ING AUTHO	JRII I
DISAPPROVED:			Dy.		
(If disapproved expla	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN PEABODY	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20)13
	CLASS		YEAR
LICENSEE NAME: YANYING ZHU			
DOING BUSINESS A CHINA CORNER CH	INESE RESTAU	JRANT	
ADDRESS 9 PEABODY SQUARE			
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER: ZHU, YANGYING TYPE O	F LICENSE: Rest	caurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM.	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREMISES:			
FIRST FLOOR PREMISES CONTAINING A ROOM, KITCHEN AND RESTROOMS, ON NUMBER/SEATING CAPACITY 40			
I hereby certify and swear under penalties of pe	erjury that:		
1. the renewed license will be of the sa	ame type for the s	same premises now licensed;	
2. the licensee has complied with all la		<u> </u>	
3. the premises are now open for busing	ness (If not explai	in below)	
SIGNED BY Individual, Partner or A	uthorized Corpor	rate Officer	
DATE: TELEPHONE NU	JMBER:	EMPLOYER IDENTIFICAT	TON NITIMBED.
		(Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.	or and the head	certificate required by Chapt of the fire department for the	er 304 of the above
Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below:	or and the head	certificate required by Chapt of the fire department for the	er 304 of the above of the Acts
Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED:	or and the head	certificate required by Chapt of the fire department for the ance required by Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED: DISAPPROVED:	or and the head	certificate required by Chapto of the fire department for the cance required by Chapter 116 LOCAL LICENSING AUTHO	er 304 of the above of the Acts
Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED:	or and the head	certificate required by Chapto of the fire department for the cance required by Chapter 116 LOCAL LICENSING AUTHO	er 304 of the above of the Acts
Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED: DISAPPROVED:	or and the head	certificate required by Chapto of the fire department for the cance required by Chapter 116 LOCAL LICENSING AUTHO	er 304 of the above of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 095600123		CI	TY OR TOWN	PEABODY	7
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLA	SS			YEAR
LICENSEE NAME:	FRANK MARTINO	S PIZZERIA	A LLC			
DOING BUSINESS A	A MARTINO'S LIQU	JORS				
ADDRESS 202 NEW	BURY STREET					
CITY/TOWN: PEA	BODY	STATE:	MA	ZIP CODE:	01960	
MANAGER: MAR	TINO, FRANK TYPI	E OF LICEN	SE:Packag	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
F	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF I	LICENSED PREMISI	ES:				
INGRESSES AND EFTONE BATHRO			ON E EX	IT IN THE BA	CK2204 S	Q
I hereby certify and sv	wear under penalties of	of perjury tha	ıt:			
1. the renewe	ed license will be of the	ne same type	for the san	ne premises now	licensed;	
2. the license	e has complied with a	all laws of the	e Common	wealth relating t	o taxes; and	
3. the premis	es are now open for b	ousiness (If n	ot explain	below)		
SIGNED BY						
	Individual, Partner of	or Authorized	l Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	R IDENTIFICAT	ION NUMBER:
				(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			I	LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			I	Ву:		
DISAPPROVED:						
(If disapproved explain	in)		-			
			-			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 095600124	(CITY OR TOWN	PEABODY	
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NGO NGUYEN &	k NAM NGUYEN PAF	RTNERSHIP		
DOING BUSINESS A MAKI SUSHI B	AR			
ADDRESS 43 MAIN STREET				
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE:	01960	
MANAGER: NGUYEN, NGO TY	PE OF LICENSE: Rest	aurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMI	ISES:			
1450 SQ FT WITHONE MAIN ENTRA ONE EMERGENCY FIRE EXIT IN TH IMMEDIATE FRONT WITH THE KIT RESTROOMSSEATING IS 42	E LEFT REARDINI	NG AREA IS LO	CATED IN T	
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	f the same type for the s	ame premises nov	v licensed;	
2. the licensee has complied with		_	to taxes; and	
3. the premises are now open for	r business (If not explai	n below)		
SIGNED BY Individual, Partne	er or Authorized Corpor	ate Officer		
DATE: TELEPHON	NE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
		(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire depart	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved explain)				
DATE:				



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LICENSE NUMBER	R: 095600125		CITY OR TO	WN PEABODY	
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ROBERT G. LEO	& ANTHONY J. LE	O		
DOING BUSINESS	A METRO BOWL				
ADDRESS 63 FOST	TER STREET				
CITY/TOWN: PEA	BODY	STATE: MA	ZIP CODI	E: 01960	
MANAGER: LEO	, ROBERT G. TY	PE OF LICENSE: Gepre	neral on mise	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
ONE STORY BRICE	K WOOD BLDG; O	NE ENTRANCE AN	D THREE EXI	TS; TOTAL SQ I	FT 34,320
I hereby certify and s	wear under penaltie	s of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises	now licensed;	
2. the license	ee has complied with	h all laws of the Comr	nonwealth relat	ing to taxes; and	
3. the premi	ses are now open for	r business (If not explain	ain below)		
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
Acts of 2004, signed	d by the building in	e in possession (1) the espector and the head f liquor liability insu	d of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
			-		
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY I	LICENSEES DURING THE M	ONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBER:	095600126		CITY (OR TOWN	PEABODY	•
APPLICATION FOR	Annual LICENSED FOR 2013)13		
		CLASS				YEAR
LICENSEE NAME:	CHIPOTLE MEXIC	CAN GRILL OF	COLORAD	OO LLC		
DOING BUSINESS A	CHIPOTLE MEX	ICAN GRILL#	1114			
ADDRESS 210 AND	OVER STREET					
CITY/TOWN: PEAE	BODY	STATE: N	MA ZIF	P CODE:	01960	
MANAGER: GUAL GABR	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE	E:Restaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YO	OUR EMAIL ADDR	ESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:				
CASUAL DINING M MARGARITASTH INDOORTHE PAT BY RAILINGFIRS' ENTRANCE/EXIT FI	IS RESTAURANT (TO CONSISTS OF 3 T FLOOR WITH A	CONSISTS OF 803 SQ FT ANI MAIN ENTRA	1368 SQ FT D 14 SEATS NCE/EXIT I	WITH 72 S THE PA FROM THE	SEATS TIO IS ENCI E PARKING I	LOSED
I hereby certify and sw	vear under penalties	of perjury that:				
1. the renewed	d license will be of the	he same type fo	r the same pr	remises now	licensed;	
	e has complied with			_	o taxes; and	
3. the premise	es are now open for b	ousiness (If not	explain belov	w)		
SIGNED BY	Individual, Partner	or Authorized C	Corporate Off	icer		
DATE:	TELEPHONE	E NUMBER:	(N	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:	\neg		By:			
DISAPPROVED: [(If disapproved explain						
(11 disappioved expiai	11 <i>)</i>					
DATE:						



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LICENSE NUMBER: 095600127		CITY OR TOWN PEABODY	Y						
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013						
	CLASS		YEAR						
LICENSEE NAME: MARIE HANS DOING BUSINESS A KARL'S SAU									
ADDRESS 1 BOURBON STREET									
CITY/TOWN: PEABODY	STATE: MA	ZIP CODE: 01960							
MANAGER: GOKEY, ANITA	TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol						
EMAIL ADDRESS:									
PLEASE ALSO VISIT O DESCRIPTION OF LICENSED PRE	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS								
SMALL SANDWICH EATING ARE IS L SHAPEDMAIN CUSTOMER STORETHREE SIDE ENTRANCE OTHER SIDE ENTRANCES AVAIL BATHROOMS	SERVICE ENTRANCE I SONE LARGE DELIV LABLE FROM THE BAC	S THROUGH THE FRONT OF ERY ROLL UP DOOR AND T	THE WO						
I hereby certify and swear under pena									
1. the renewed license will be 2. the licensee has complied.		same premises now licensed; nonwealth relating to taxes; and							
3. the premises are now oper		=							
SIGNED BY Individual, Par	rtner or Authorized Corpo	rate Officer							
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S							
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for the	above						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY						



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LICENSE NUI	MBER: 095600128		CITY OR TOWN PEABC	DDY
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NA	AME: NORTH SHO	RE FOOD GROUP, LLO		
DOING BUSIN	NESS A SCOSSO			
ADDRESS 210	O ANDOVER STREE	Τ		
CITY/TOWN:	PEABODY	STATE: MA	ZIP CODE: 01960	
MANAGER:	CAVALLO, ANTHONY V.	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
-	N OF LICENSED PRE			
		•	ГUCCI'S SPACE) 22-25 SEA' O ORDINARY SEATING.	rs at
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	e same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; a	nd
3. the	premises are now oper	n for business (If not exp	lain below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corp	orate Officer	
D 4 mm				
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFIE	
			(Note: NOT Individual Soc	iai Security Number)
Acts of 2004,	signed by the buildin	g inspector and the hea	ne certificate required by Ch ad of the fire department for urance required by Chapter	the above
Please Check Belo	OW:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				